
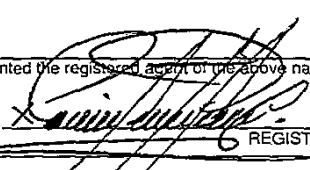
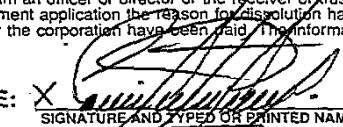


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="margin: 5px 0;">98 OCT 19 AM 10:14</div> <div style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # P97000008514					
1. Corporation Name Unacom, Inc.					
Mailing Address 22511 S.W. 66th Ave #B-210 Boca Raton, FL 33428		Principal Place of Business Same			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01-23-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0721487	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
P/D	Joseph D. Pierre	22511 S.W. 66th Ave #B-210	Boca Raton, FL 33428		
			800002670226--0 -10/22/98--01070--009 *****750.00 *****750.00		
			800002670226--0 -10/22/98--01070--010 *****26.25 *****26.25		
REINSTATEMENT			98 - 10/21		
8. Name and Address of Current Registered Agent Joseph D. Pierre 22511 S.W. 66th Ave, #B-210 Boca Raton, FL 33428			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 10/16/98 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 			10/16/98 (954) 424-4400 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (6/94)