

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 APR 12 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 797000014434

1. Corporation Name

Unique Hospitality Management, Inc.

300005449263--9  
-05/03/02--01021--009  
\*\*\*1200.00 \*\*\*1200.00

2. Principal Office Address 3209

Sawgrass Village Circle  
Suite, Apt. #, etc.

3. Mailing Office Address 3209

Sawgrass Village Circle  
Suite, Apt. #, etc.

City & State

Ponte Vedra, Florida

Zip 32082 Country USA

City & State

Ponte Vedra, Florida

Zip 32082 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 2/11/97

5. FEI Number

650750067

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Joseph S. Knecht III

Street Address (P.O. Box Number is Not Acceptable)

3209 Sawgrass Village Circle

Suite, Apt. #, Etc.

City

Ponte Vedra

State  
**FL**

Zip Code

32082

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section

607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Joseph S. Knecht III	3209 Sawgrass Village Circle	Ponte Vedra, FL 32082
Tres	Joseph S. Knecht III	3209 Sawgrass Village Circle	Ponte Vedra, FL 32082

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

4/11/02

Daytime Phone #

9042738551

CR2E081 (9/01)