

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 12 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000017286

1. Corporation Name

UNITY DRUG, INC.

2. Principal Office Address

701 Opa Locka Blvd.

3. Mailing Office Address

701 Opa Locka Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33054

Country

Zip

33054

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/20/97

5. FEI Number

65-0731333

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

CHUCK MOGBO, P.A.

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

2800 W. OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

209

City

OAKLAND PARK,

State
FL

Zip Code
33311

REINSTATEMENT 99-01
[Handwritten signature]

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

3/8/01

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
P	MARVELOUS-DHLIWAYO	1662 NW 192nd Terrace	Miami, FL 33169

000003851970-01
-03/14/01--01016--012
***1050.00 ***1050.00

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 (305) 769-1600
Date Daytime Phone #

CR2E081 (9/00)