PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 17 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900010126589
01/15/03--01042--015 **300.00

DOCUMENT # P97000051938

1. Corporation Name

Unique Brands, Inc.

2002-2003 UBR

2. Principal Office Address	**3.** Mailing Office Address
4715 nw 95 Ave	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33178 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: June 11, 1997

5. FEI Number: 65-0762712 ☐ 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: Ricardo Petrovich

Street Address (P.O. Box Number is Not Acceptable): 4715 nw 95 Ave

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33178

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 _____ Date 1/13/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
DP	Ricardo Petrovich	4715 nw 95 Ave	Miami, Fl 33178
DS	Marin M. Casas	4715 nw 95 Ave	Miami, Fl 33178

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: _____ 1/13/03 (305) 437-9683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

UNIQUE BRANDS, INC.

January 13, 2003

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: P97000051938

Dear Sir or Madam:

Enclosed please find the fill application and the check for the reinstatement of Unique Brands, Inc. The corporation was inactivated by the state for not filling the annual report. I didn't receive the application or any remainder of the renovation notice for it and I forgot to ask for it.

I will like to that the Corporation to be activated ones again.

Sincerely,

Ricardo Petrovich
President

4715 NW 95 AVE • MIAMI, FL • 33178
PHONE: (305) 437-9683 FAX: (305) 594-7518
E-MAIL RPETROVICH@SHAWUS.COM