

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 12:36

DOCUMENT # **P98000029568**

1. Corporation Name

UNILON, INC

2. Principal Office Address

7230 SW 4 ST

Suite, Apt. #, etc.

City & State

MIAMI FL 3

Zip

33144

Country

USA

3. Mailing Office Address

PO BOX 44-0710

Suite, Apt. #, etc.

MIAMI FL 33144-0710

City & State

MIAMI FL

Zip

33144-0710

Country

USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/98

5. FEI Number

65-0492588

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

GARHENDIA, RODOLFO A.

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

7230 SW 4 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

100003440751-9
-10/26/00--01072--017
*******900.00 *****900.00**

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

Rodolfo A. Garhendia

REGISTERED AGENT MUST SIGN

Date **10/17/00**

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
D	GARHENDIA, RODOLFO A.	7230 SW 4 ST	MIAMI FL 33144
D	GARHENDIA, JOSE M.	7230 SW 4 ST	MIAMI FL 33144
D	DURAN, IRIS	7230 SW 4 ST	MIAMI FL 33144

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:

Rodolfo A. Garhendia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

305-408-1717

Daytime Phone #

CR2001 (9/99)