

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
TALLAHASSEE, FLORIDA

01 NOV 16 PM 3:03

DOCUMENT # 98000056193

1. Corporation Name

Unipay, Inc.

2. Principal Office Address

3773 N.W. 126th Avenue

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

3773 N.W. 126th Avenue

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

USA

REINSTATEMENT

99-01

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

6/23/98

5. FEI Number

56-199483

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

S. M. Howe

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

3773 N.W. 126th Avenue

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

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

S. M. Howe
REGISTERED AGENT MUST SIGN

©

Date

11/15/01

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	S. M. Howe	3773 N.W. 126th Avenue	Coral Springs, FL 33065

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)(f), 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:

S. M. Howe
S. M. Howe, President

11/15/01

Date

954-796-1981

Daytime Phone #

WOMBLE
CARLYLE
SANDRIDGE
& RICE
A PROFESSIONAL LIMITED
LIABILITY COMPANY

3300 One First Union Center
301 South College Street
Charlotte, NC 28202-6025
Telephone: (704) 331-4900
Fax: (704) 331-4955
Web site: www.wcsr.com

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Pamela G. Speir, Paralegal
Direct Dial: (704) 331-4927
Direct Fax: (704) 338-7833
E-mail: pspeir@wcsr.com

November 15, 2001

Via Federal Express

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn: Reinstatement Section

Re: Unipay, Inc. (the "Company")

Dear Sir or Madam:

Attached, for filing in your office, please find the following documents:

- (1) Two original Corporation Reinstatements for the Company;
- (2) One check in the amount of \$1058.75.

Please return a file-stamped copy of the Reinstatement and the Certificate of Status to the undersigned in the enclosed federal express envelope.

Should you have any questions, please contact the undersigned at the above number.

Very truly yours,

Pamela G. Speir

Pamela G. Speir
Paralegal

Enclosures

cc: Todd Brockman, Esq.