PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -4 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056193

1. Corporation Name: UniPay INC

W05-2083

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
3773 NW 126th Ave	750 Hwy 64 W
Suite, Apt. #, etc.: Bldg 1	Suite, Apt. #, etc.:
City & State: Coral Springs FL	City & State: Murphy NC
Zip: 33065 Country: USA	Zip: 28906 Country: USA

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

5. FEI Number: 56-1645875 ☐ 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: Steve M. Howe

200046418802
02/11/05--01015--002 **151.00

Street Address (P.O. Box Number is Not Acceptable): 3773 NW 126th Ave

Suite, Apt. #, Etc.: Bldg 1

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: SM Howe Date: 12/06/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
CHAIRMAN PRES	Stephen A Hafer	6478 Putnam Ford Drive Suite 207	Woodstock, GA 30189
CORP SEC	Mary Ann Culpepper	6478 Putnam Ford Drive Suite 207	Woodstock, GA 30189
PRES.	STEVE HOWE	6478 PUTNAM FORD DRIVE SUITE 207	WOODSTOCK, GA. 30189

200044504072
01/17/05--01013--013 **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: Stephen A Hafer CHAIRMAN 12/06/04 (828) 837-6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #