

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000071365

1. Corporation Name

Unipon Management Corp

2. Principal Office Address

2528 Sunfish Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

3. Mailing Office Address

2528 Sunfish Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32839

Country

FILED
04 OCT 18 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/18/04--01058--010 **150.00

REINSTATEMENT

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

5. FEI Number
59-3605306

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
Celma Machado

Street Address (P.O. Box Number is Not Acceptable)
2528 Sunfish Street

Suite, Apt. #, Etc.

City
Orlando

State
FL Zip Code
32839

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

REGISTERED AGENT MUST SIGN

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
PST	Celma Machado	2528 Sunfish Street	Orlando, FL 32839

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:

Celma Domingus Machado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/04
Date

407-409-8980
Daytime Phone #

CELMA DOMINGUS MACHADO

13 2 of 2

ERNESTO GONZALEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
GABLES INTERNATIONAL PLAZA
2655 LE JEUNE ROAD, SUITE PH 2-B
CORAL GABLES, FLORIDA 33134-5827

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MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

October 12, 2004

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

RE: Unipon Management Corp.
Document # P99000071365
EIN: 59-3605306
Form: Corporation Reinstatement

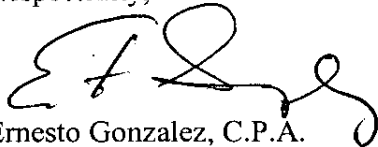
To Whom It May Concern:

The above-captioned Corporation has not received its 2004 For Profit Corporation Annual Report, for the year 2004. Please note the change in principal office address and mailing office address in the enclosed form.

As per your request, enclosed please find *2004 Corporation Reinstatement*, and a check payable to Florida Department of State in the amount of \$150.00, for the year 2004.

Should you need any additional information, please do not hesitate to call me.

Respectfully,



Ernesto Gonzalez, C.P.A.
For The Firm

Enclosures Corporation Reinstatement
A check in the amount of \$150.

Cc: Unipon Management Corp.