

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 504462

1. Corporation Name

Unique Painting + Water Proofing Co. INC

2. Principal Office Address

518 S. Rainbow Dr

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

3. Mailing Office Address

518 S. Rainbow Dr

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0220736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Juan PAPA Georgiou

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

518 S. Rainbow Dr

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

600048648746
03/22/05--01028--001 **901.00

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

[Signature]

Date 02/24/05

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
P	PAPA Georgiou, Juan Antonio 518 S. Rainbow Dr Hollywood, FL 33021	518 S. Rainbow Dr	Hollywood, FL 33021
		04/07/04 01034 001 \$150.00	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/05

Date

954-964-7174

Daytime Phone #

CR2E081 (01/05)