- b/20

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State	FILED 02 JUN 19 AM 10: 58
DOCUMENT # Sac	DIVISION OF CORPORATIONS	SECRETARY OF STATE FALLAHASSEE, FLORIDA
1. Corporation Name Unique	units, Inc.	
2. Principal Office Address 2610 ORChid LN	3. Mailing Office Address SAMO	2000059762326 -06/25/0201058021 *****300.00 *****300.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number 50 - 2011-2011 Applied For
Zip 24744 /15A	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Denise IIIInsley		
Street Address (P.O. Box Number is Not Acceptable)		
2610 Orchid Lante		
Suite, Apt. #, Etc.		_
City 1551Y	nmee Fl	State Zip Gode 744
8. I, being appointed the registered agent of the Signature of Registered Agent	above named corporation, am familiar with and accept the or REGISTERED AGENT MUST SIGN	bibligations of section 607.0505 or 617.0503, F.S. Date 6 - 12 - 0
9. Names and Street Addresses of Each Office	r and/or Director (Florida nonprofit corporations must list at	east 3 directors)
Titles Name of Officers and/or Direct	Street Address of Each tors Officer and/or Director	
Pres Denise H	undley 2610 Orchid	La dissimme F/34748
		201,25 -Al
		10.00 -ARARTS
		88.75-AKSUP
this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and	dissolution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated er oath.
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Daylime Phone #		