

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR -5 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V03170**

1. Corporation Name

UNICITY AUTO PARTS CORP.

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #

**7300 NW 84th AVE. MEDLEY
FL. 33166**

3. Mailing Office Address

**7300 NW 84th AVE. MEDLEY
FL. 33166**

Suite, Apt. #, etc.:

Suite, Apt. #, etc.:

City & State

MEDLEY FL.

City & State

MEDLEY FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0308411

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

CHIH-HSUN FU

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

7300 NW 84th AVE.

Suite, Apt. #, Etc.:

City

MEDLEY

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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03/25/10--01039--002 **8.75

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:

Chih-Hsun Fu

Date

03/10/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHIH-HSUN FU	7302 NW 107th PLACE DORAL FL. 33178	DORAL / FL. / 33178
VPS	MEI-HUI CHANG DE FU	7302 NW 107th PLACE	DORAL / FL. / 33178
TREC	Hsin-Wen Fu	7302 NW 107th PLACE	DORAL / FL. / 33178

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04/05/10--01051--007 **441.25

10. E-mail Address: **Unicity@ATT.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Chih-Hsun Fu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/10

Date

305-471-6135

Daytime Phone #

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