

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAR 23 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~REINSTATEMENT~~

2011 AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V03170

1. Corporation Name

UNICITY Auto Parts Corp.

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

7300 NW 84th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7300 NW 84th Ave

Suite, Apt. #, etc.

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03/23/11--01004--008 **158.75

CR2E081 (11/10)

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

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

REGISTERED AGENT MUST SIGN

Date 3-17-2011

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	CHIH-HSUN FU	7302 NW 107th PLACE	DORAL, FL 33178
VPS	MEI-HUI CHANG DE FU	7302 NW 107th PLACE	DORAL, FL 33178
TRES.	HSIN-WEN FU	7302 NW 107th PLACE	DORAL, FL 33178

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Chih-Hsun Fu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2011 305 431-6135

Date

Daytime Phone #