PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 27 AM 10:33

DOCUMENT # V54714

1. Corporation Name

UNICOLTA INC.

Principal Place of Business	Mailing Address
1330 N.W. 43 AVE., #110 LAUDERHILL FL 33313	1330 N.W. 43 AVE., #110 LAUDERHILL FL 33313

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99-00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/1992

5. FEI Number: 65-0385301 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VILLA, OSCAR	~~1030 US HWY. 1, #103~~ 1580 BAY RIDGE PLACE	~~N. PALM BEACH FL~~ WELLINGTON, FL. 33414
D	ARBELAEZ, CAMILO	1030 US HWY. 1, #103	N. PALM BEACH FL
~~T~~	~~SUAREZ, VICTORIA E.~~	~~1811 SABAL PALM DR.~~	~~PLANTATION FL~~
V	HURTADO, FERNANDO	1811 SABAL PALM DR.	PLANTATION FL
C	ROMERO, HECTOR	1030 US. HWY 1 # 302	N. PALM BEACH FL 33408
			600003856456--7 -03/16/01--01094--006 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NO [illegible]	Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET Suite, Apt. #, Etc.: City: TALLAHASSEE State: FL Zip Code: 32301

CR2E040 (8/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 07/18/00
REGISTERED AGENT MUST SIGN

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 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.

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-03/16/01--01094--007
****900.00 ****900.00

SIGNATURE: SIGNATURE REQUIRED — 05/05/00 — (561) 798 6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #