PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 26 PM 2:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # GO1877

1. Corporation Name

UNIVERSAL MAP ENTERPRISES, INC.

REINSTATEMENT 02

2. Principal Office Address		**3.** Mailing Office Address	
795 PROGRESS CT.		795 PROGRESS CT.	
Suite, Apt. #, etc. P.O. BOX 15		Suite, Apt. #, etc. P.O. BOX 15	
City & State WILLIAMSTON, MI		City & State WILLIAMSTON, MI	
Zip 48895	Country INGHAM	Zip 48895	Country INGHAM

4. Date Incorporated or Qualified To Do Business in Florida 10/01/82

5. FEI Number 38-2428042 ☐ 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 GREGORY S. BOND

Street Address (P.O. Box Number is Not Acceptable) 201 TECH DRIVE

500009205585
11/25/02--01063--034 **750.00

Suite, Apt. #, Etc.

City SANFORD | State FL | Zip Code 32771

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 Gregory S. Bond Date 11/21/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
C/D	Robert C. Bond	795 Progress Ct.	Williamston, MI 48895
P/D	Gregory S. Bond	201 Tech Drive	Sanford, FL 32771
T/S/D	Don Radke	795 Progress Ct.	Williamston, MI 48895

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: Gregory S. Bond 11/21/02 (407) 324-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 12/2/02