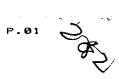
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT	DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 05 JUL -5 AM 9:39	
DOCUMENT # K 76333		SECRETA: TALLAHASULE, FLORDA	
Universal Flori	da Organizat	· ow	
INC.		A	
2. Principal Office Address 115 E. Limesh. P	g Office Address D.BOX 94	REINSTATEMENT 03-05_	
Suite, Apt. #, etc.	. #, etc. -	4. Date Incorporated or Qualified	rop
City & State Turpon Spriugs City & Sta	pm Sprius	To Do Business in Florida 5. FEI Number Applied For	
Zip 2) 1/2 O Country C Zip 2)	Country Cn	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required	
OHUGY DOM OH	Name and Address of Current Registere	tor a Certificate of Status	
Name Nona Color	mid t	To Again	
Street Address (P.D. Box Number je Not Acceptable		The state of the s	
Suite, Apt. #, Etc. Xi 210	me Street	700057003837 	
City T Ci		State Zip Code / OA	
larpon Sprim	 	FL 34089	
8. I, being appointed the registered agent of the above named of Registered Agent REGISTERED	AGENT MUST SIGN	obligations of section 607.0505 or 617.0503, F.S. Date 6 - 15 - 05	i
9. Names and Street Addresses of Each Officer and/or Director	(Florida nonprofit corporations must list at lea	least 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	or w 21n	
PS Nora Schmiat	715 E. Limes	Street Tarpon Spring 71.346.99	•
VP. Mark Phillips	100 Ville Dr.	Boulder City NV 8900	15
·			
10. I certify that I am an officer or director or the receiver or truste	e empowered to execute this application as p	s provided for in chapter 607 or 617, F.S. I further certify that when filing	
this reinstatement application, the reason for dissolution has lowed by the corporation have been paid and the names of into on this application is true and adjourate, and my signifiture spa	lividuals listed on this form do not qualify for a	es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.	
Mannilal	Linkely	6-15-AE HAM-AMAQET	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #	



Universal Organization Co. 715 E Lime Street Suite # 310 Tarpon Springs, Fl. 34689

06/27/2005

Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

To whom it may concern:

I am writing to you in regard to filing our annual report with you.

We have never received a notice from you since we moved our office from Orlando, Florida and unfortunately our registering agent also moved from her address in Tarpon Springs.

I am submitting to you the required form together with a check.

Please reinstate us without penalty.

Yours truly,

Nora Schmidt President