

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -5 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 76333

1. Corporation Name

Universal Florida Organization
Inc.

2. Principal Office Address

715 E. Lime St.

Suite, Apt. #, etc.

*310

City & State

Tarpon Springs

Zip

34689

Country

USA

3. Mailing Office Address

P.O. Box 94

Suite, Apt. #, etc.

City & State

Tarpon Springs

Zip

34688

Country

U.S.A.

REINSTATEMENT 03-05

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/89

5. FEI Number

59-2954713

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

Nora Schmidt

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

715 E. Lime Street

Suite, Apt. #, Etc.

*310

City

Tarpon Springs

State

FL

Zip Code

34689

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

Nora Schmidt

Date

6-15-05

REGISTERED AGENT MUST SIGN

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
PS	Nora Schmidt	715 E. Lime Street *310	Tarpon Springs FL 34689
VP.	Mark Phillips	100 Ville Dr.	Boulder City NV 89005

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:

Nora Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-05

Date

407-973-9953

Daytime Phone #

CR2E081 (01/05)

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