PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 30 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724416

1. Corporation Name

UNIVERSITY MANORS CONDOMINIUM NUMBER ONE, INC.

Principal Place of Business	Mailing Address
~~c/o Harvey L. Laskey~~ ~~414 DuPont Plaza Center~~ ~~Miami, FL~~	~~c/o Harvey L. Laskey~~ ~~414 DuPont Plaza Center~~ ~~Miami, FL~~

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

REINSTATEMENT 76-02
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2040 N.W. 81st Ave.	2040 N.W. 81st Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: September 25, 1972

5. FEI Number: 59-1513435 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Phillip Rocha	2040 N.W. 81st Ave. #127	Pembroke Pines, FL 33024
VPD	Teresa Coleman	2040 N.W. 81st Ave. #113	Pembroke Pines, FL 33024
S/TD	Mary Fields	2040 N.W. 81st Ave. #128	Pembroke Pines, FL 33024
		800008693748 10/30/02--01001--008 **1828.75	

8. Name and Address of Current Registered Agent

Laskey, Harvey L.
Resigned 12-30-74

9. Name and Address of New Registered Agent

Name: Phillip Rocha
Street Address (P.O. Box Number is Not Acceptable): 2040 N.W. 81st Ave. 127
Suite, Apt. #, Etc.: 127
City: Pembroke Pines | State: FL | Zip Code: 33024

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: Phillip Rocha
REGISTERED AGENT MUST SIGN
Date: 10/15/02

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Phillip Rocha PHILLIP ROCHA 10/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR