

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000005139

1. Corporation Name

UNISPHERE OF FLORIDA, INC.

2. Office Address

648 SNUG ISLAND

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33767

Country
US

3. Office Address

648 SNUG ISLAND

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip
33767

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/15/2003

5. FEI Number

42-1584498

Applied r.c.

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

04-05

7. Name and Address of Current Registered Agent

Name
TAMI LEE LATZO

Street Address (R.O. Box Number is Not Acceptable)
14955 GULF BOULEVARD

Suite, Apt. #, Etc.
SUITE 14

City
MADEIRA BEACH

State
FL

Zip Code
33708

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

Tami Lee Latzo
REGISTERED AGENT MUST SIGN

Date 9/23/05

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
PSTD	Donald Huggins	648 Snug Island	Clearwater, FL 33767

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:

Donald Huggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/05

Date

727-443-7388

Daytime Phone #