

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR 13 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010599

1. Limited Liability Company's Name

University Management, LLC

2. Principal Office Address

201 E. Kennedy Blvd.,

Suite, Apt. #, etc.
Suite, 1111

City & State
Tampa, FL

Zip
33602

Country
Hillsborough

3. Mailing Office Address

201 E. Kennedy Blvd.,

Suite, Apt. #, etc.
Suite 1111

City & State
Tampa, FL

Zip
33602

Country
Hillsborough

4. State/Country of Formation
FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
82-0553588

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Frank C. Silcox

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

201 E. Kennedy Blvd.

Suite, Apt. #, Etc.
Suite 1111

City

Tampa

State
FL

Zip Code
33602

400054349374
05/13/05--01004--005 **250.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 4-12-05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Frank C. Silcox	301 S. Grady Avenue	Tampa, FL 33609
Mgr.	Thomas E. Johnson	11710 N. Armenia Avenue	Tampa, FL 33612

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date 4-12-05 Daytime Phone # 813-209-0004

Typed or printed name of signing Managing Member/Manager Frank C. Silcox