

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 29 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L25563

1. Corporation Name Universal Enterprises of Ocala, Inc.

**REINSTATEMENT** 03-04

900034550619  
04/29/04--01017--010 \*\*900.00

2. Principal Office Address  
7604 NW 14 Street

3. Mailing Office Address  
7604 NW 14 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State  
Ocala, FL

Zip  
34482

Country  
USA

Zip  
34482

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/26/89

5. FEI Number  
593060621

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

Willi E. Hohnholz

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

7604 NW 14 Street

Suite, Apt. #, Etc.

City

Ocala,

State

FL

Zip Code

34482

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

Date 04/26/04

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
D,P,S, VP, T	Willi E. Hohnholz	7604 NW 14 Street	Ocala, FL 34482

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willi E. Hohnholz  
President

04/26/04

Date

352-877-3590

Daytime Phone #

CR2E081 (01/04)