

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000003501

1. Corporation Name

UNIVERSAL ANGEL FOUNDATION

W06-46632

2. Principal Office Address
686 17th St.

Suite, Apt. #, etc.
#6

City & State
Vero Beach, Fl.

Zip Country
32960 USA

3. Mailing Office Address
686 17th St.

Suite, Apt. #, etc.
#6

City & State
Vero Beach, Fl.

Zip Country
32960 USA

REINSTATEMENT 02-06

4. Date Incorporated or Qualified
To Do Business in Florida 09/27/01

5. FEI Number
59-3659821

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
Vikki L. Wells

Street Address (P.O. Box Number is Not Acceptable)
686 17th St.

Suite, Apt. #, Etc.
#6

City
Vero Beach

State Zip Code
FL 32960

300080955783
10/18/06--01033--009 **35.75
400081589884
11/07/06--01039--014 **13.25

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

Vikki L. Wells

REGISTERED AGENT MUST SIGN

Date 9-4-06

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
P	Vikki L. Wells	686 17th St.	Vero Beach, Fl. 32960
S/T	Tammy Richardson	1920 32nd Ave.	Vero Beach, Fl. 32960
B	Diane Cacioppo	338 13th Pl. SW	Vero Beach, Fl. 32960
B	L. Cherie Blanchard	756 West Ave.	Clermont, Fl. 34711
B	Cindy Fothergill	P.O. Box 1567	Vero Beach, Fl. 32961
B	Patricia L. Rausch	1185 38th Ave	Vero Beach, Fl. 32960

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 contained in Chapter 119, 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:

Vikki L. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-06 772-643-1971

Date

Daytime Phone #