## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000003501

FILED Nov 02, 2008 Secretary of State

Entity Name: UNIVERSAL ANGEL FOUNDATION, INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
	STREET, #6 CH, FL 32960			
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
	STREET, #6 CH, FL 32960			
El Number: n accordanc	59-3659821 FEI Number Applied For ( ) e with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable ( receive the prior notice.	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
	KKI L STREET, #6 CH, FL 32960 US			
The above in the State	named entity submits this statement for the pu of Florida.	rpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	E: VIKKI L WELLS		Duta	
	Electronic Signature of Registered Ager	τ	Date	
OFFICERS	AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTOR	
ītle: lame: \ddress:	P () Delete WELLS, VIKKI L 686 17TH STREET, #6 VERO BEACH, FL 32960	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip:		· ·		
City-St-Zip: Title: Jame: Address: City-St-Zip:	ST () Delete RICHARDSON, TAMMY 1920 32ND AVENUE VERO BEACH, FL 32960	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ītle: lame: \ddress:	RICHARDSON, TAMMY 1920 32ND AVENUE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Title:  Jame:  Address:  City-St-Zip:  Title:  Jame:  Address:	RICHARDSON, TAMMY 1920 32ND AVENUE VERO BEACH, FL 32960  B ( ) Delete CACIOPPO, DIANE 338 13TH PLACE SW	Name: Address: City-St-Zip: Title: Name: Address:	• • • • • • • • • • • • • • • • • • • •	
Title: lame: lame: city-St-Zip: Title: lame: lame: city-St-Zip: Title: lame: lame: lame: lame: lame:	RICHARDSON, TAMMY 1920 32ND AVENUE VERO BEACH, FL 32960  B () Delete CACIOPPO, DIANE 338 13TH PLACE SW VERO BEACH, FL 32960  B () Delete BLANCHARD, L. CHERIE 756 WEST AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIKKI L WELLS P 11/02/2008