

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -3 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005976

1. Corporation Name

Universal Center Condominium Association Inc.

REINSTATEMENT 05-06

T. Roberts FEB 06 2006
CR2E081 (12/05)

2. Principal Office Address

6000 Turkey Lake Road

3. Mailing Office Address

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32819

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 07/09/2003

5. FEI Number

20-1125942

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

Edward A. McDonough

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

6000 Turkey Lake Road

Suite, Apt. #, Etc.

212

City

Orlando, Florida

State

FL

Zip Code

32819

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 01/30/2006

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
P	Cleve Loveland	6000 Turkey Lake Road	Orlando, Florida
T	Edward A. McDonough	6000 Turkey Lake Road	Orlando, Florida
S	Barry Zagerman	6000 Turkey Lake Road	Orlando, Florida

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2006

Date

407-246-1554

Daytime Phone #