

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PM 3:36

DOCUMENT # N06000008337

1. Corporation Name

U Enterprise Inc.

REINSTATEMENT 2011

500215644685

12/29/11--01030--008 **236.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

27901 N.W. 18th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

27901 N.W. 18th Ave

Suite, Apt. #, etc.

City & State

High Springs, FL

Zip Country

32643 USA

City & State

High Springs, FL

Zip Country

32643 USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/06

5. FEI Number

205355890

☐ 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

Miriam L. Caesar

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

27901 N.W. 18th Ave

Suite, Apt. #, Etc.

City

High Springs

State

FL

Zip Code

32643

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/28/11

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
VP	Stephanie Burch	1116 1 st Street	West Palm Bch 33401
D	Destiny Caesar	27901 N.W. 18 th Ave.	High Springs, FL 32643
D	Jenesis Caesar	27901 N.W. 18 th Ave	High Springs, FL 32643

10. E-mail Address: u-enterprise@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/11

Daytime Phone #