2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# N08000003948

Entity Name: UNIVERSAL ASSISTANCE GROUP, INC.

Current Principal Place of Business:

UNIVERSAL ASSISTANCE GROUP, INC.
277 N. MCCALL RD.
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

UAG, INC. C/ BRIAN HOPKINS
2128 S. LESLIE LANE
SCOTTSBURG, IN 47170

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOPKINS, BRIAN L
277 N. MCCALL RD.
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GARY L. HOPKINS, SR.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HOPKINS, GARY L SR.
Address: 3070 SCENIC VIEW DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP ( ) Delete
Name: HOPKINS, BRIAN L
Address: 2128 S. LESLIE LANE
City-St-Zip: SCOTTSBURG, IN 47170

Title: R ( ) Delete
Name: MEDLYN, CHRIS
Address: 3921 GABLE LANE CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY L. HOPKINS, SR. PRES 10/19/2009
Electronic Signature of Signing Officer or Director — Date