PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44098

1. Corporation Name

UNIVERSAL ACADEMY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7320 EAST SLIGH AVE. TAMPA. FLOIRDA 33610	7320 EAST SLIGH AVE. TAMPA. FLOIRDA 33610

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/1991

5. FEI Number: 59-3119396 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for certification of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	SALEH, M I DR	6039 LAKE MEADOWS	BROOKSVILLE FL 34601
D	KASSEM, GAMAL	635 RAPID FALLS DR	BRANDON FL 33511
D	NIMER, MAHMOUD	13359 BOLTON CT	SPRING HILL FL 34609
P	MAHMALJI, GHAIATH	14540 CORTEZ BLVD. 105	BROOKSVILLE FL 34613
T	HAMOUI, NAZIR	14540 CORTEZ BLVD #124	BROOKSVILLE FL 34613
D	HUSAM, SHYAYB	ROYAL OAK DR	SPRING HILL FL 34607

8. Name and Address of Current Registered Agent

SALEH, IQBAL
6039 LAKE MEADOWS
BROOKSVILLE FL 34601

900003063669--5
-12/14/99--01083--020
****236.25 ****236.25

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 99 TS

City | State: FL | Zip Code

CR2E040 (6/99)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: M. I Saleh REQUIRED Date: 11/29/99

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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: M. I Saleh REQUIRED 11/29/99 (352)597-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP