PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 26 AM 10:29

DOCUMENT # **N44098**

1. Corporation Name

UNIVERSAL ACADEMY OF FLORIDA, INC.

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

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

REINSTATEMENT 01

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 a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	SALEH, M I DR - D	~~6039 LAKE MEADOWS~~ 4571 Golf Club Lane	BROOKSVILLE FL ~~34601~~ 34609
~~P~~ S	KASSEM, GAMAL - T	635 RAPID FALLS DR	BRANDON FL 33511
D	NIMER, MAHMOUD - T	13359 BOLTON CT	SPRING HILL FL 34609
P	MAHMALJI, GHAIATH - T	14540 CORTEZ BLVD. 105	BROOKSVILLE FL 34613
T	~~SAAD, YASIN~~ Ismail Valialbh	~~6215 S QUEENS WAY DR~~ 11933 Riverhills Dr	~~TAMPA FL 33617~~ Tampa FL 33617
D	~~KAADAN, YASSIR~~ Hikman Rahman	~~8516 MISTY RIVER CT~~ 3137 Carlos Dr	~~TAMPA FL 33617~~ Dunedin, FL 34698

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SALEH, IQBAL 6039 LAKE MEADOWS BROOKSVILLE FL 34601	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code

700004721207--4
-12/12/01--01079--002
****175.00 ****175.00

CR2E040 (8/01)

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.

700004721207--4
-12/12/01--01079--003
****61.25 ****61.25

Signature of Registered Agent: M. I. Saleh
REGISTERED AGENT MUST SIGN

Date: 10/12/01

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 — M. I. Saleh — 10/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #