

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

DOCUMENT # P00000005209

1. Corporation Name

Universal Realty Depak & Associate, P.A.

REINSTATEMENT 02-03

2. Principal Office Address

P.O. Box 851

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

Orange

3. Mailing Office Address

P.O. Box 851

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/18/2000

5. FEI Number

593619079

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

Madhudri S. Seegolam

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

8548 Bowden Way

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Madhudri S. Seegolam	8548 Bowden Way	Windermere, FL 34786

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 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:

Madhudri S. Seegolam

Madhudri S. Seegolam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-03

Date

407-877-6669

Daytime Phone #

CR2E081 (10/02)