

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 17 AM 9:44

DOCUMENT # P00000044910

1. Entity Name
UNIVERSITY HIGH SCHOOL, INC.



Principal Place of Business

14707 S DIXIE HWY
STE 300
MIAMI, FL 33176

Mailing Address

14707 S DIXIE HWY
STE 300
MIAMI, FL 33176

REINSTATEMENT DATE 05
T. Roberts OCT 21 2005



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

65-1027737

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUDOVICI, EDWARD P ESQ
17415 S DIXIE HIGHWAY
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-14-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
AGUILERA, JOSEPH A
14707 S DIXIE HIGHWAY, STE. 300
MIAMI, FL 33176 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
KINNEY, MICHAEL
14707 S DIXIE HIGHWAY, STE. 300
MIAMI, FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200060690072
10/17/05--01074--022 **158.75

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Kinney

Date

Daytime Phone #

Oct 11, 05 (786) 242-6577