

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000056853**

**1. Corporation Name**

University, Inc

**REINSTATEMENT** 03-04

**FILED**  
04 FEB -9 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Office Address**

40001 Emerald Coast Parkwa

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32541

Country

Walton

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

June 13 2000

**5. FEI Number**

59-3655625

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

700027630957  
02/09/04--01055--004 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name

Dana Matthews

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

4475 Legendary Drive

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

700027630957  
01/26/04--01093--031 \*\*150.00

**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

Date

REGISTERED AGENT MUST SIGN

**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
P/S/D/T	Charles Barniv	4520 North Bristol Court	Niceville, FL 32578

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/04

CR2E081 (10/02)