SEP-28-05 15:43 FROM-Matthews and Hawkins PA +8506541634 T-081 P.002/003 F-653

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 10 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09262005 REIN-P CR2E099 (6/04)

DOCUMENT # P00000056853

1. Entity Name
UNIVERSITY, INC.

Principal Place of Business	Mailing Address
40001 EMERALD COAST PARKWAY DESTIN, FL 32541	40001 EMERALD COAST PARKWAY DESTIN, FL 32541

2. Principal Place of Business	3. Mailing Address
4520 N. Bristol Court	4520 N. Bristol Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, Florida	City & State: Niceville, FL
Zip: 32578 Country: USA	Zip: 32578 Country: USA

4. FEI Number 59-3655625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA
4475 LEGENDARY DRIVE
DESTIN, FL 32541

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 ______ 10/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT BARNIV, CHARLES 4520 N BRISTOL CRT NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800060189258 10/03/05--01064--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: CHARLES BARNIV PSDT. 9/28/05 (800) 897-6827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/13