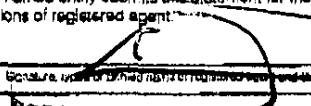


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P00000056853			
1. Entity Name UNIVERSITY, INC.			
Principal Place of Business 40001 EMERALD COAST PARKWAY DESTIN, FL 32541		Mailing Address 40001 EMERALD COAST PARKWAY DESTIN, FL 32541	
2. Principal Place of Business 4520 N. Bristol Court		3. Mailing Address 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. Name and Address of Current Registered Agent MATTHEWS, DANA 4475 LEGENDARY DRIVE DESTIN, FL 32541		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 		DATE 10/6/05	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P6DT BARNIV, CHARLES 4520 N BRISTOL CRT NICEVILLE, FL 32578 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800060189258 10/03/05--01064--015 **150.00 ☐ 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
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 addendum 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		DATE: 9/28/05 (800) 897-6827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

OSR

FILED

05 OCT 10 AM 9:08

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



09262005 REIN-P CR2E098 (8/04)

4. FEI Number
59-3855625 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**800060189258**
10/03/05--01064--015 **150.00

SIGNATURE:

CHARLES BARNIV

9/28/05

(800) 897-6827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

LM

10/13