

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064086

1. Corporation Name:

ULTRA VENTURES, INC.

900023526249
10/03/03--01011--014 **158.75

REINSTATEMENT 03

2. Principal Office Address:

27 CEDAR DUNES DR.

Suite, Apt. #, etc.

3. Mailing Office Address:

P.O. Box 2195

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH

Zip

32169

Country

US

City & State

NEW SMYRNA BEACH

Zip

32170

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 28, 2001

5. FEI Number

59-3730978

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

GENE A. TEOLIS

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

27 CEDAR DUNES DRIVE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

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

9/30/3

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
DIR	GENE A. TEOLIS	27 CEDAR DUNES DRIVE	NEW SMYRNA BEACH, FL 32169

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

(GENE A. TEOLIS)

Date

9/30/3

Daytime Phone #

386-409-3797
407-947-5109

CP22081 (10/02)

2/10/6

September 30, 2003

Division of Corporations
Department of Reinstatement
409 East Gaines Street
Tallahassee, Florida 32399

Re: Corporation Document No. P01000064086

To Whom It May Concern;

It has just come to my attention this day, literally two hours ago, that a lapse has occurred with regard to my corporation, ULTRA VENTURES, INC. As I had long since made arrangements with my accountant to handle all paperwork regarding this corporation and all paperwork regarding said corporation is duly forwarded to this individual, the same person who originally filed my articles of incorporation in June of 2001, I was unaware until this moment of any lapse or dissolution and never received any paperwork indicating that such an action would take place.

Had I been aware that any such lapse might occur I would most certainly have seen to any actions personally to prevent such an oversight, however, as I have said, I was never notified in any way that such a lapse might occur. I am at this time unable to reach the accountant who was responsible for handling these details nor will he return my calls. I am therefore taking immediate action to rectify this oversight and have included for your approval a document for reinstatement as well as the fee of 150.00 dollars recommended by your department.

I was informed by your department earlier that the lapse, or dissolution, took place only 10 days ago. Please accept my assurance that had I been informed of any such problems I would have seen to them personally and immediately as I am doing so now. I am forwarding the necessary form with this letter and personal check for the fee by overnight courier and hope to hear from your department as soon as possible that my corporation has been reinstated.

If there is any additional information that your department requires I can be reached at:

407-947-5109 (cell) or 386-409-3797 (home) or by fax at 386-428-0570.

I am very grateful for your attention to this matter.

Best Regards,



Gene A. Teolis

PLEASE NOTE THE CHANGE OF MAILING ADDRESS
INCLUDED ON THE REINSTATEMENT FORM
SO THAT WE MAY PREVENT SUCH A LAPSE
OCCURRING AGAIN AND THAT I MAY HANDLE ALL
PAPERWORK PERTAINING TO THE CORPORATION
PERSONALLY FROM THIS TIME FORWARD.

THANK YOU, GENE A TEOLIS