PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 13 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000028114

REINSTATEMENT 03-04

1. Corporation Name

UDS, INC

2. Principal Office Address	3. Mailing Office Address
4122 Mercy Ind Court	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: same
Zip: 32808 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/02

5. FEI Number: 010591490 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Troy G Gregory

Street Address (P.O. Box Number is Not Acceptable): 417 S Observatory Dr.

Suite, Apt. #, etc.:

City: Orlando State: FL Zip Code: 32805

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Troy Gregory (REGISTERED AGENT MUST SIGN) Date: 4-6-04

CR2E031 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Troy Gregory	417 S Observatory Dr	Orlando, Fl 32805
Treas	Leonard Conley	230 S Cochran Rd	Geneva Fl 32732
Sec	Lloyd Conley	14926 Lake Pickett Rd	Orlando Fl 32824

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: Troy Gregory (SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN REINSTATEMENT OR SIGNING OFFICER OR DIRECTOR) 4-6-04 (Date) 407 299 3425 (Daytime Phone #)