


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000006701		
1. Entity Name THE UNIVERSAL ENHANCEMENT GROUP, INC.		

Principal Place of Business 3539 APALACHEE PKWY. STE. 3-153 TALLAHASSEE, FL 32311	Mailing Address 3539 APALACHEE PKWY. STE. 3-153 TALLAHASSEE, FL 32311
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2. Principal Place of Business 9539 Apalachee Pkwy 3-153 Suite, Apt. #, etc. 3-153 City & State Tallahassee, FL Zip 32311 Country USA	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent HOLCOMB, KYM 1558 SPRUCE WOOD TRAIL TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <i>Kym Holcomb</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 8/30/06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Kym Holcomb 3539 Apalachee Pkwy 3-153 Tallahassee, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400079714984 09/12/06--01023--019 **308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Delora Holcomb 1558 Spruce Wood Tr Tallahassee, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kym G. Holcomb</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8/30/06 Date 8502123439 Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08312006 REIN-P CR2E098 (11/05)

4. FEI Number 55-0855327	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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31 Williams AUG 31 2006