

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 5:00

DOCUMENT # P04000098223

1. Corporation Name

Universal mortgage Protection Inc

2. Principal Office Address - No P.O. Box #

3309 Canambola Circle
Suite, Apt. #, etc. 5th

3. Mailing Office Address

3309 Canambola Circle
Suite, Apt. #, etc. 5th

City & State

Coconut Creek FLA

City & State

Coconut Creek FLA

Zip

33066

Country

USA

Zip

33066

Country

USA

300161892163

10/19/09--01004--020 **600.00
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

6/28/04

5. FEI Number

201405638

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: Alfredo S. Flores

Street Address (P.O. Box Number is Not Acceptable): 3309 Canambola Circle 5th.

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

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

REGISTERED AGENT MUST SIGN

Date: 9/30/09

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
P	Alfredo S. Flores	3309 Canambola Circle	Coconut Creek FL 33066

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 contained in Chapter 119, 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:

Alfredo S. Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/09 954-3308801

Date Daytime Phone #