

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 FEB -8 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200088246492  
02/13/07--01046--024 \*\*1058.75

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000144895

1. Corporation Name

Universal Trades of  
Central Florida, Inc.

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

2503 Sedgefield Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Zip

32725

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

OCTOBER 2004

5. FEI Number

75-33173345

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

John P. Salamone

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

2503 Sedgefield Avenue

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John P. Salamone*

REGISTERED AGENT MUST SIGN

Date

2-5-07

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	John P. Salamone	2503 Sedgefield Av	Deltona FL 32725

B 2/12/07

REINSTATEMENT 05-07

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:

*John P. Salamone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-07

Daytime Phone #

386