2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166355

Entity Name: UNIVERSAL MARKET OF COLLIER COUNTY, INC.

FILED Oct 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

402 W. DELAWARE AVE 401 W. DELAWARE AVE

IMMOKALEE, FL 341424025

IMMOKALEE, FL 341424025

Current Mailing Address: New Mailing Address:

402 W. DELAWARE AVE 401 W. DELAWARE AVE

IMMOKALEE, FL 341424025 #1
IMMOKALEE, FL 341424025

FEI Number: 20-2051809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REYNOLDS, JR., A.B. 801 W. LEELAND HEIGHTS BOULEVARD LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: A.B. REYNOLDS, JR.

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 AURELIEN, PIERRE
 Name:
 AURELIEN, PIERRE

 Address:
 222 EAGLESMERE DR
 Address:
 7280 40TH STREET NE

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:
 NAPLES, FL 34120

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 AURELIEN, YOLAINE B
 Name:
 AURELIEN, YOLAINE B

 Address:
 222 EAGLESMERE DR
 Address:
 7280 40TH STREET NE

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:
 NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLAINE B. AURELIEN STD 10/28/2008