

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000042298

1. Corporation Name

UBIE ENTERPRISES INC.

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

4809 EAST BUSCH BLVD

Suite, Apt. #, etc.

SUITE 201-3

City & State

TAMPA, FLORIDA

Zip

33617

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

ACEANA COMPANY

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

4809 E BUSCH BLVD

Suite, Apt. #, Etc.

201C

City

TAMPA

State

FL

Zip Code

33617

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

*Daniel Garcia*

REGISTERED AGENT MUST SIGN

Date 10/01/2008

**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	EUBANKS, JEFFREY D	3 SILVER SANDS ROAD	FROSTPROOF, FL 33843
D	GARCIA, DANIEL	22739 PENNY LOOP	LAND O LAKES, FL 34639

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:

*Daniel Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/08

Date

813-885-2733

Daytime Phone #

FILED

08 OCT -2 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (10/08)

06-08

4. Date Incorporated or Qualified  
To Do Business in Florida 03/21/2005

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.