


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
06, 07408

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000125391

1. Corporation Name

UNIVERSITY VALET, INC.

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

9062 SW 6th St.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

US

3. Mailing Office Address

P.O. BOX 970834

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

Zip

33097

Country

US

7. Name and Address of Current Registered Agent

Name

DANIEL A. PACHECO

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

3374 TURTLE COVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

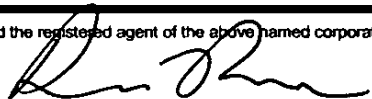
FL

Zip Code

33411

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

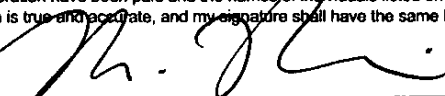
Date 5.15.2008

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
VP	MICHAEL D. Puccio	9062 SW. 6th ST.	BOCA RATON, FL 33433
P	DANIEL A. PACHECO	3374 TURTLE COVE	WEST PALM BEACH, FL 33411

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.15.2008 561.809.3385

Date

Daytime Phone #

FILED

2008 MAY 19 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900129808369
05/19/08--01043--009 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

9.10.2005

5. FEI Number

02-0750297

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.

Thews
5-23-08