PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 28 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020013

1. Corporation Name: NORTH UNIVERSITY GROUP INC.

3801 N UNIVERSITY DRIVE SUNRISE FL SUITE 101 33351

Principal Place of Business: 3801 N. University [redacted] Drive Suite 101 Sunrise, FL. 33351

Mailing Address: SAME AS ABOVE

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/94

5. FEI Number: 65-0497810 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Antoinette Del Percio	900 Diplomat Pkwy	Hallandale FL 33009

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-05/10/99--01007--006
****900.00 ****900.00

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

9. **Name and Address of New Registered Agent**

Name: Leonard Del Percio
Street Address (P.O. Box Number is Not Acceptable): 719 Diplomat Parkway
Suite, Apt. #, Etc.
City: Hallandale — State: **FL** — Zip Code: 33009

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Leonard R. Del Percio — REGISTERED AGENT MUST SIGN — Date: 4/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Antoinette Del Percio. ANTOINETTE DEL PERCIO. 4/26/99 (954)-748-6378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (2/98)