

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076748

1. Corporation Name

UFORIA, INC.

Principal Place of Business

1036 S MIAMI AVE.
MIAMI, FL 33131

Mailing Address

1036 S MIAMI AVE.
MIAMI, FL 33131

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

10/19/1994

5. FEI Number

65-0531746

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$575 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	SUSAN P. CARVALHO	19698 E COUNTRY CLUB DR.	AVENTURA, FL 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUSAN P. CARVALHO
19698 E COUNTRY CLUB DR.
AVENTURA, FL 33180

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

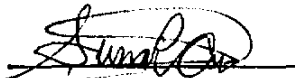
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **UFORIA, INC.**

Thank you for your courtesy in this matter.



SUSAN P. CARVALHO
President