

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P96000018445**

1. Corporation Name

S & S UNIVERSAL, INC.

Principal Place of Business

3120 NE 8TH PLACE
OCALA FL 34470

Mailing Address

~~3120 NE 8TH PLACE~~
~~OCALA FL 34470~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3120 N.E. 8TH PLACE
City & State
OCALA, FL
Zip
34470

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3675 N.E. 36TH AVE SU. 10A
City & State
OCALA FL
Zip
34479

REINSTATEMENT
02/26/1996

5. FEI Number

59-3366386

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	4 City / State / Zip
P	STEVENS, DAVID M	3120 NE 8TH PLACE	OCALA FL
ST	STEVENS, FRED A (Delete)	7250 SW 10TH STREET	OCALA FL
SD, VP, P/O	STEVENS, David M	3120 N.E 8th Place	OCALA, FL. 34470

8. Name and Address of Current Registered Agent

STEVENS, DAVID M
3120 NE 8TH PLACE
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]

Date **10/6/00**

REGISTERED AGENT MUST SIGN

11. 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 #

10/6/00 352-873-9326