

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000034426

1. Corporation Name

UNIVERSAL INTERNATIONAL OF ORLANDO, INC.

Principal Place of Business

1393 VETERANS MEMORIAL HWY  
HAPPAUGE NY 11788

Mailing Address

1393 VETERANS MEMORIAL HWY  
HAPPAUGE NY 11788

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/15/1998

5. FEI Number

11-3430705

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KAPOOR, NAVAL	1393 VETERANS MEMORIAL HWY	HAPPAUGE NY 11788
V	SICINSKI, JOSEPH	1393 VETERANS MEM HWY	HAPPAUGE, NY 11788
S	CHARLES, GLEN	1393 VETERANS MEM HWY	HAPPAUGE, NY 11788

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name  
AVIONICS RESEARCH CORPORATION OF FLORIDA  
Street Address (P.O. Box Number is Not Acceptable)  
672 NORTH SEMORAN BLVD  
Suite, Apt. #, Etc.  
SUITE 101  
City  
ORLANDO  
State  
FL  
Zip Code  
32807

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 of Glen Charles*  
REGISTERED AGENT MUST SIGN

Date

10/25/00

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 of Glen Charles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00 (631) 724-0040  
Daytime Phone #

FILED

00 OCT 30 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

00

CR2E040 (8/00)

KE