

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -8 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000046707**

1. Corporation Name

UNIVERSAL MICROWAVE CORPORATION

Principal Place of Business

Mailing Address

~~3186 O'HARA DRIVE~~
~~NEW PORT RICHEY FL 34668~~

~~3186 O'HARA DRIVE~~
~~NEW PORT RICHEY FL 34668~~

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

2. New Principal Office Address, If Applicable
2339 Destiny Way

3. New Mailing Office Address, If Applicable
2339 Destiny Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Odessa, FL

City & State
Odessa, FL

Zip
33556

Country
USA

Zip
33556

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1998

5. FEI Number

65-0843690

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
P	David G. Lyle	3186 O'Hara Drive	34655 New Port Richey, FL
V	Mark J. Lyle	7145 Peggy Mac Drive	34653 NewPort Richey, FL
S/T	Lisa R. Lyle	3186 O'Hara Drive	34655 New Port Richey, FL

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-12/15/99--01013--006
*****758.75 ***758.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LYLE, LISA R
6330 PINE HILL ROAD
UNIT 10
PORT RICHEY FL 34668

Name

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

3186 O'Hara Drive

Suite, Apt. #, Etc.

City

New Port Richey

State
FL

Zip Code
34655

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Lisa R. Lyle

REGISTERED AGENT MUST SIGN

Date

12/6/99

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 807 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 807.0401 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa R. Lyle

Date

12/6/99

Daytime Phone #

727/375-9332

KE