

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

06 APR 20 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000051733

**1. Corporation Name**

UVA Technologies, Inc  
9904-120th Court  
Seminole, FL 33772

**2. Principal Office Address**

9904-120th Court

Suite, Apt. #, etc.

City & State

Seminole FL

Zip

33772

Country

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

same

Zip

Country

REINSTATEMENT 64-06

W06000011229

GO

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3509557

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

William L. Lewis

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

410 TABS 7601 ML KING ST N #B

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33702

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*William L. Lewis*

REGISTERED AGENT MUST SIGN

Date

4/14/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	William L. Lewis	9904-120th Crt	Seminole, FL 33772

300073993783

05/04/06--01022--017 \*\*458.75

**10. 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 contained in Chapter 119, 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

*William L. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

727-528-8633

Daytime Phone #

T.A.B.S.

TAXES • ACCOUNTING

BOOKKEEPING SERVICES

Shirley A. Tyler • ENROLLED AGENT  
CAM, ATA, ATP

(727) 528-8633  
(727) 528-8533  
FAX (727) 528-8644

2002

February 1, 2006

FL Dept. of State  
Division of Corporations

RE: UVA Technologies, Inc.  
EIN # 593509557  
Doc. # P98000051733

To Whom It May Concern:

In reference to our client above, we are asking for an abatement of the penalties for re-instatement for his corporation. We found out by accident that the Uniform Business Report fee had not been paid. Three years ago we even changed to address to our office so this would not happen. Our office never received the original notice, late notices or the dissolution notice. 2004

Thank you in advance for your help in this matter.

Please make sure the following information correct on your records

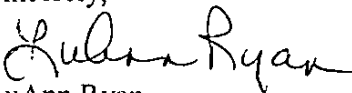
Registered Agent:

William L. Lewis  
C/O T.A.B.S.  
7601 ML King St. N. Ste. B  
St. Petersburg, FL 33702

Principal Address:

9904 -120<sup>th</sup> Court  
Seminole, FL 33772-2145

Sincerely,



LuAnn Ryan  
Office Manager,  
T.A.B.S.