

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 18 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000376

1. Corporation Name

UNIVERSE MANAGEMENT COMPANY

JA

2. Principal Office Address

10768 South Tropical Trail

Suite, Apt. #, etc.

3. Mailing Office Address

8440 Tradeport Dr.

Suite, Apt. #, etc.

Suite 109

City & State

Merritt Island, FL

City & State

Orlando, FL

Zip

32952

Country

USA

Zip

32827

Country

USA

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

7/27/1999

5. FEI Number

59-3569006

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

Joanne Young

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

10768 S. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State
FL

Zip Code
32952

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

REGISTERED AGENT MUST SIGN

Date 12/17/03

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/D	Joanne Young	10768 S. Tropical Trail	Merritt Island, FL 32952
S/D	Ward Davis	5912 Cove Drive	Orlando, FL 32812

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 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:

Joanne Young

Joanne Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/03

Date

407-859-8166

Daytime Phone #

CR2E061 (10/02)