JUL-31-1996 16:34 CT CORPORATION SYSTEM 404 888 6498 P.03/03

APPLICATION FOR REINSTATEMENT FOR 95-96

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -8 PM 1:43

1. Name and Mailing Address of Corporation: **DOCUMENT #** V09695

Universal Milling Co., Inc
5905 Kirkman Rd
Orlando, FL 32819

W96-16782

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is [illegible] TALLAHASSEE, FLORIDA

Address: 7908 S. Mem. PKwy

Address:

City and State: HSV, al

Zip Code: 35803

3. Date Incorporated or Qualified To Do Business in Florida: 1/28/92

4. FEI Number: 59-3118352

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
DSTV	Smith, JP 6220 Fairview Dr Atlanta, GA 30306		100002004331--0 -11/14/96--01037--007 ****575.00 ****575.00
DP	Huang, Louis S. 8733 Beckingham Place Orlando, FL 32819		
			100002004331--0 -11/14/96--01037--008 ******8.75 ******8.75

REINSTATEMENT 95-96 A. Alan 11-8-96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ **Yes** ☐ **No**
For intangible tax information call Department of Revenue 904-488-6800.

6. Name and Address of Current Registered Agent

Casey France S
101 E College Ave
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name: CT Corporation System

Street Address (Do NOT Use P.O. Box Number): 1200 South Pine Island Road

Street Address (Do NOT Use P.O. Box Number):

City and State: Plantation FL Zip Code: 33324

8. I, having accepted 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: Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT SIGNATURE

Date: 8/9/96

9. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided by 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: J Paul Smith Date: 7/31/96 Phone #:

Typed or printed name of signing officer or director: J Paul Smith

10. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☒

TOTAL P.03