

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 AUG 21 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006618

1. Corporation Name
UNIVERSAL TECHNICAL RESOURCE SERVICES, INC.

Principal Place of Business	Mailing Address
950 N. KINGS HIGHWAY, SUITE 208 CHERRY HILL NJ 08034	950 N. KINGS HIGHWAY, SUITE 208 CHERRY HILL NJ 08034



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		22-2684542	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MCLEAN, LAMONT	950 N. KINGS HIGHWAY, SUITE 208	CHERRY HILL NJ 08034
VSD	ZALCMANN, ALBERT	950 N. KINGS HIGHWAY, SUITE 208	CHERRY HILL NJ 08034
EVD	WRIGHT, GERALD	950 N. KINGS HIGHWAY, SUITE 208	CHERRY HILL NJ 08034
REINSTATEMENT 99-00 TS 900003377989--4 -08/30/00--01071--006 ***908.75 ***908.75			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 Deborah D. Skipper as its agent
 REGISTERED AGENT MUST SIGN
 Date 8-18-00

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 8/11/2000 Daytime Phone # 866-667-6770

CR2E040 (8/99)