

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC 27 PM 4: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AS 12-28-07



11/22/07 REINSTATEMENT 07

DOCUMENT # P04000017454
 1. Entity Name
 UNIVERSOLUTIONS INC.



Principal Place of Business Mailing Address
 3141 NW 47TH TERRACE 3141 NW 47TH TERRACE
 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4828 N STATE RD 7 **4828 N STATE RD 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
204 **204**

City & State City & State
COCONUT CREEK, FLORIDA **COCONUT CREEK, FLORIDA**
 Zip Country Zip Country
33073 **USA** **33073** **USA**

4. FEI Number Applied For
76-0750503 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOYER, SEBASTIEN L
3141 NW 47TH TERRACE
LAUDERDALE LAKES, FL 33319

7. Name and Address of New Registered Agent
 Name **BOYER, SEBASTIEN L**
 Street Address (P.O. Box Number is Not Acceptable)
4828 N STATE RD 7 STE 204
COCONUT CREEK, FLORIDA
 City **COCONUT CREEK** FL Zip Code **33073**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Sebastien Boyer* **Sebastien Boyer** DATE: _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOYER, SEBASTIEN L 3141 NW 47TH TERRACE LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WALTER, ANDRE 6600 Landing Dr. #204 Lauderhill, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800113429488 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/27/07--01019--008 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sebastien Boyer* **Sebastien Boyer** Date: **12/21/07** Telephone #: **954 802 1856**
Signature and typed or printed name of signing officer or director Date Telephone #