

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305) 406-3800
Fax Number : (305) 406-3999

CORPORATION REINSTATEMENT

UNIVERSE TRAVEL & TOURS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	2000.00

\$300.00

Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 28 PM 3:33

DOCUMENT # P95000017258

1. Corporation Name

UNIVERSE TRAVEL & TOURS, CORP.

KS

REINSTATEMENT

08-09

2. Principal Office Address - No P.O. Box #

801 BRICKELL KEY BLVD

3. Mailing Office Address

801 BRICKELL KEY BLVD

Suite, Apt. #, etc.

#1512

Suite, Apt. #, etc.

#1512

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33131

Country

US

Zip

33131

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/95

5. FEI Number
650563094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos A. Molina

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

801 BRICKELL KEY BLVD

Suite, Apt. #, Etc.

#1512

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

Carlos Molina

Date 9/28/09

REGISTERED AGENT MUST SIGN

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	CARLOS MOLINA	801 BRICKELL KEY BLVD #1512	MIAMI, FL 33131

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 807 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 807.0401 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:

Carlos Molina

9/28/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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