


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION REINSTATEMENT~~



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

*W. O. W. K.*

FILED  
 01 MAY 11 PM 1:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000032606  
 1. Corporation Name  
**UNIVERSAL LUCITE DISPLAY, INC.**

2. Principal Office Address <b>16505 N.W. 8th Ave</b>		3. Mailing Office Address <b>16505 N.W. 8th Ave</b>	
Suite, Apt. #, etc. <b>Bay # 3</b>		Suite, Apt. #, etc. <b>Bay # 3</b>	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>	
Zip <b>33169</b>	Country <b>Miami-Dade</b>	Zip <b>33169</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>4-26-1995</b>	
5. FEI Number <b>65-0574473</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$875 Additional Fee required for a Certificate of Status</b>	

7. Name and Address of Current Registered Agent

Name <b>Ernesto L Fernandez</b>		<i>201.25-AR</i>	
Street Address (P.O. Box Number is Not Acceptable) <b>16505 N.W. 8th Avenue</b>		<i>10.00-ARATS</i>	
Suite, Apt. #, Etc. <b>Bay # 3</b>		<i>88.75-ARSLP</i>	
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33169</b>	

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 *[Signature]* Date 04/25/01  
 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
PTDS	Ernesto L Fernandez	16505 NW 8 Ave Bay # 3	Miami, FL 33169

*000004342390-4*  
*-06/05/01--01094--007*  
*\*\*\*300.00 \*\*\*300.00*

*SP*

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: *[Signature]* Date 04/25/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**UNIVERSAL LUCITE DISPLAY, INC.**

**16505 N.W. 8th Avenue Bay # 3  
Miami, FL 33169**

Miami, April 25, 2001

Division of Corporations  
Corporation Renewal Department  
P.O.Box 1500  
Tallahassee, FL 32302-1500

REF: P95000032606  
Universal Lucite Display, Inc.

Dear Sir/Madame:

This letter is regarding the renewal of my Corporation UNIVERSAL LUCITE DISPLAY INN. ( FEIN # 650574473 ).

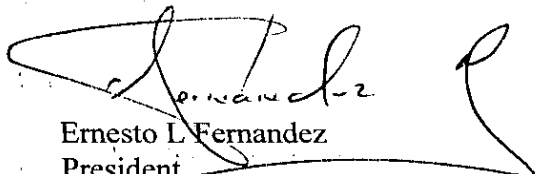
I honestly can tell you that last year I did not receive the renewal form by mail and my accountant show me that the mailing address in your files is missing one number. The correct address is: 16505 N.W 8th Ave Bay 3 as in Register Agent.

Please excuse me the oversight of yearly renewal, but I was not aware of it. This year I hired an accountant and he was the one that explained to this process.

I am enclosing a check for \$300.00 paying the renewal for the years 2000 and 2001

I thank you in advance for your attention in this matter.

Sincerely,

  
Ernesto L Fernandez  
President