

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR 18 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA15000092525

1. Corporation Name

UNIVERSAL INTERNATIONAL TECHNOLOGIES CORP.

Principal Place of Business

Mailing Address

REINSTATEMENT 96-98

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

2. New Principal Office Address, if Applicable 13951 SW 66th. STREET		3. New Mailing Office Address, if Applicable P.O. BOX 960565		4. Date Incorporated or Qualified To Do Business in Florida 12-05-95	
Suite, Apt. #, etc. 204-A		Suite, Apt. #, etc.		5. FEI Number EIN 65-0644553	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		Applied For Not Applicable	
Zip 33183	Country USA	Zip 33296-0565	Country USA	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 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	OSCAR BAYER	13951 SW 66th. STREET	MIAMI, FLORIDA 33183
V. PRES.	CECILIA CARVAJAL	13951 SW 66th. STREET	MIAMI, FLORIDA 33183

*[Handwritten Signature]*  
300002452053--8  
-03/20/98--01008--010  
\*\*\*1058.75 \*\*\*1058.75

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSCAR BAYER  
13951 SW 66th. STREET  
MIAMI, FLORIDA 33183

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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.

REGISTERED AGENT MUST SIGN \_\_\_\_\_ Date \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 to 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: OS CAR BAYER *[Signature]* Date: 2-25-98 Daytime Phone #: (305) 388-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #