

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 PM 5:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096778

1. Entity Name  
UNIVERSAL SOLUTIONS PRO, INC.



Principal Place of Business  
316 SOUTH TYLER STREET  
BEVERLY HILLS, FL 34465

Mailing Address  
316 SOUTH TYLER STREET  
BEVERLY HILLS, FL 34465



2. Principal Place of Business - No P.O. Box #  
316 South Tyler ST  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

10092007 REIN-P CR2E098 (1/07)

City & State  
Beverly Hills FL  
Zip Country  
34465 U.S.

City & State  
Zip Country

4. FEI Number  
57-1184671

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SELVESTER, KATHRYN  
316 SOUTH TYLER STREET  
BEVERLY HILLS, FL 34465

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

|                                                |                                                                                 |                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | CEOT<br>SELVESTER, KATHRYN<br>316 SOUTH TYLER STREET<br>BEVERLY HILLS, FL 34465 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |                                                                                 | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |  |                                                                   |
|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

600111579346  
11/01/07--01016--024 \*\*\*158.75

REINSTATEMENT  
2007

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 title empowered.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 16, 2007 352-527-4114  
Date Daytime Phone #

# Universal Solutions Pro Inc.

Office: 352-527-4114 \* Fax: 407-386-7719 \* Cel: 352-613-2727

316 South Tyler Street \* Beverly Hills, Florida 34465

**Kathryn Selvester**

**\*State of The Art Digital Video Recording Surveillance Systems\***

**\*GPS Fleet Tracking Systems\***



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October 30<sup>th</sup> 2007

To Whom It May Concern at the Division Of Corporations,

On October 4<sup>th</sup> 2007 I spoke to Rep: Michelle Milligan regarding the Status of my corporation. I explained to her that I have hospitalized on and off since March 1<sup>st</sup> of 2007 and was under the impression that my accountant had taken care of the annual fee of \$150.00.

I never received the notice of dissolution you refer to for whatever reason, and I requested that the \$600.00 fee be waived due to all of these unfortunate circumstances, not the least of which that I had not received a notice.

Please allow me this consideration and Reinstate me, as it was promised to me by Ms. Milligan when I called her from my hospital bed in October.

Enclosed is my form and a check for \$158.75 as directed to me by Ms. Milligan.

Thank You for your Kind Attention to this matter,

Blessings,

Kathryn Selvester, Owner