PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002360

1. Corporation Name

UNIVERSAL INSURANCE COMPANY

REINSTATEMENT 03
800024542308
11/13/03--01054--023 **750.00

2. Principal Office Address	**3.** Mailing Office Address
Metro Office Park	G.P.O. Box 71338
Suite, Apt. #, etc.: Street 1, Lot #10	Suite, Apt. #, etc.
City & State: Guaynabo, PR	City & State: San Juan, PR
Zip: 00969 / Country: USA	Zip: 00936-8438 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05-06-2002

5. FEI Number: 66-0313825 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Law Office of Carlos A. Romero, Jr. PA
Street Address (P.O. Box Number is Not Acceptable): 3195 Ponce de Leon Blvd.,
Suite, Apt. #, Etc.: Suite 400
City: Coral Gables | State: FL | Zip Code: 33134

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: Carl A. Romero Jr., President — Date: 11-05-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
C	CASANAS, LUIS MIRANDA	G.P.O. BOX 71338	SAN JUAN PR 00936
DP	LUIS M. PIMENTEL	G.P.O. BOX 71338	SAN JUAN PR 00936
D	AMADEO, JORGE J	G.P.O. BOX 71338	SAN JUAN PR 00936
VP	BERRIOS, LUIS	G.P.O. BOX 71338	SAN JUAN PR 00936
T	MARITERE JIMENEZ	G.P.O. BOX 71338	SAN JUAN PR 00936
S	GONZALEZ, CECILIA CRUZ	G.P.O. BOX 71338	SAN JUAN PR 00936

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: Maritere Jimenez — Maritere Jimenez — 11/5/03 — 787-706-7855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #