

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 20 PM 1:43

DOCUMENT # F13158

1. Corporation Name

UNIVERSAL TRANSMISSION SERVICES, INC

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

1295 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

1295 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34104

Country

USA

Zip

34104

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-1980

5. FEI Number

592048370

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

MARTIN R WALSH

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

1295 AIRPORT ROAD SOUTH

Suite, Apt. #, Etc.

City

NAPLES, FLORIDA

State

FL

Zip Code

34104

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

REGISTERED AGENT MUST SIGN

Date **MARCH 30, 2010**

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
PVST	MARTIN R WALSH	1295 AIRPORT RD SOUTH	NAPLES, FL 34104

100174297951
04/20/10--01031--025 **300.00

10. E-mail Address: **MRTYWALSH@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

MARTIN R WALSH

3-30-2010 239-643-1877

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #