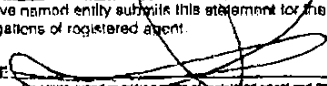


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000002975			
1. Entity Name UNIVERSAL BANCORP SERVICES, INC.			
Principal Place of Business 8787 BAYPINE ROAD JACKSONVILLE, FL 32256-7569		Mailing Address 8787 BAYPINE ROAD JACKSONVILLE, FL 32256-7569	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 3800 Citigroup Ctr Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33610		Zip 33610	
Country		Country	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number, if Not Applicable) 1800 South Pine Island Road City Plantation FL Zip Code 33324	
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. Peter F. Souza Assistant Secretary SIGNATURE:  DATE: 7/12/07 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DET GEHLEN, MICHAEL 8787 BAYPINE ROAD JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500106328705 07/18/07--01017--014 300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, JULIE D 8787 BAYPINE RD JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEP BAGEANT-EPPERSON, KRISTI N 8787 BAY PINE RD. JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP VARNADORE, EVELYN 8787 BAYPINE RD JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGA, PAULA A 3800 CITIGROUP CENTER DR, BLDG G2-10 TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	As USA & Hoffman 3800 Citigroup Ctr, G2-18 Tampa, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7.16.07 8136040342 Date Defined Phone #	