2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 JUL 18 PM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000002975

1. Entity Name
UNIVERSAL BANCORP SERVICES, INC.

Principal Place of Business	Mailing Address
8787 BAYPINE ROAD JACKSONVILLE, FL 32256-7569	~~8787 BAYPINE ROAD~~ ~~3-2-A720~~ ~~JACKSONVILLE, FL 32256~~ US

06292007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	3800 Citigroup Ctr Suite, Apt. #, etc.
City & State	City & State: Tampa, FL
Zip / Country	Zip: 33610 / Country

4. FEI Number: 59-3378910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired • ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 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.

SIGNATURE: Peter F. Souza Assistant Secretary DATE: 7/12/07
(Required, typed or printed name of registered agent and title if applicable. 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500105329705 07/18/07--01017--014 ~~**150.00~~ 300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NELSON, JULIE D 8787 BAYPINE RD JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEP BAGEANT-EPPERSON, KRISTI N 8787 BAY PINE RD. JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 06-07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP VARNADORE, EVELYN 8787 BAYPINE RD JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HAGA, PAULA A 3800 CITIGROUP CENTER DR, BLDG G2-10 TAMPA, FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS USA & Hoffman 3800 Citigroup Ctr, G2-18 Tampa, FL 33610 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 7.16.07 813 604 0342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Williams JUL 18 2007