PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 16 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16478

1. Corporation Name

Universal Warehouse and Distribution Services, Inc.
W98-16173

Principal Place of Business	Mailing Address
3400 McIntosh Road, #A3 Fort Lauderdale, Fl. 33316	P.O. BOX 22430 Fort Lauderdale, FL. 33335

REINSTATEMENT 7-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3400 McIntosh Road	P.O. Box 22430
Suite, Apt. #, etc.: #A3	Suite, Apt. #, etc.
City & State: Fort Lauderdale, Florida	City & State: Fort Lauderdale, Florida
Zip: 33316 Country: USA	Zip: 33335 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 5/28/86

5. FEI Number: 59-2802684 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	James F. Batalini	3400 McIntosh Rd, #A3	Fort Lauderdale, Florida 33316

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***1965.00 ***1965.00

8. Name and Address of Current Registered Agent

James P. Paul
110 E. Broward Blvd., Suite 650
Fort Lauderdale, FL 33301

9. Name and Address of New Registered Agent

Name: James F. Batalini
Street Address (P.O. Box Number is Not Acceptable): 3400 McIntosh Rd.,
Suite, Apt. #, Etc.: #A3
City: Fort Lauderdale
State: FL Zip Code: 33316

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: James F. Batalini
REGISTERED AGENT MUST SIGN
Date: July 14, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes XXXX ☐ No ☐ (See other side for information on intangible tax.)

12. 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: James F. Batalini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 1998
Date

(954) 522-2360
Daytime Phone #