## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

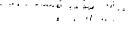
1. DOCUMENT #

L01000006598

Name and Mailing Address

Signature of

0006677 01 AT 0.292 \*\*AUTO T6 0 0615 33155-320870 Influential Influential Influential UNIVERSAL ENTERPRISES, LLC 8470 SW 37 ST.
MIAMI FL 33155-3208



FILED

03 0CT3; AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address					State/Country of Formation     FL			
City, State, Zip					5. Date Organized or Qualified To Do Business in Florida 04/27/2001			
8470 SW 37 ST. MIAMI FL 33155		3. New Principa	3. New Principal Place of Business Address			6. FEI Number 65-1100001		
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED of 10 a Certificate of Status			
	8. Name and Address of Curren		Name and Address of New Registered Agent					
PEREZ, YOVANI 8470 SW 37 ST. MIAMI FL 33155				Name Street Address (P.O. Box Mumber is Not Acceptable)				
				City FL Zip Code				Code
Signature of Registered A	Agent		REQUIRE		and accept the obliq	pations of Chapter 608, F.S.  Date $\underline{10-2}$		
1. Names	and Street Addresses of Each (Managi)	g Member/Manager			<del></del>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager			City / State / Zip			
MGRM	PEREZ, YOVANI		8470 SW 37TH	STREET	-	MIAMI FL 3315 -	5	
					<b>50</b> 0 10/31/0	0 <b>024341</b> 6 301093001	365 **150.	00
				Free E IV O	Company of the		33	<u> </u>
filing this all fees	that I am managing member/manager s reinstatement application the reason to owed by the limited liability company ha	or dissolution has bee	n eliminated, the l	imited liability con	opany name satisfie	s the requirements of sect	tion 608 406	FS and that