

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000006598

Name and Mailing Address

0006677 01 AT 0.292 **AUTO T6 0 0615 33155-320870



UNIVERSAL ENTERPRISES, LLC
8470 SW 37 ST.
MIAMI FL 33155-3208



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/27/2001	
Principal Place of Business 8470 SW 37 ST. MIAMI FL 33155	3. New Principal Place of Business Address	6. FEI Number 65-1100001	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PEREZ, YOVANI 8470 SW 37 ST. MIAMI FL 33155		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10-27-03
(REGISTERED AGENT MUST SIGN)

11. Names and Street Addresses of Each Managing Member/Manager			
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 33155
500024341865 10/31/03--01093--001 **150.00			
REINSTATEMENT 03 <i>[Signature]</i>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 10/27/03 Daytime Phone (305) 552-7719
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)