

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000010824

Name and Mailing Address

2002 DEC 31 PM 4:50

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0002534 01 FP 0.352 **PRSR T8 0 0615 33160-212993



UNIVERSAL ADVERTISERS, LLC
2801 NE 183RD STREET, UNIT 705W
AVENTURA FL 33160-2129



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/05/2001	
Principal Place of Business 2801 NE 183RD STREET, UNIT 705W AVENTURA FL 33160	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		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 SKELLI-COHEN, BILLY 2801 NE 183RD STREET, UNIT 705W AVENTURA FL 33160	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] Date 12-26

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
MGR	SKELLI-COHEN, BILLY	2801 NE 183RD STREET, UNIT 705W	AVENTURA FL 33180

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12/31/02--01067--006 **150.00

REINSTATEMENT 2002

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] Date 12/26 Daytime Phone # 786 2212020

Typed or printed name of signing Managing Member/Manager Billy Skelli-Cohen