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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

UNIVERSAL DEVELOPMENT OF FLORIDA, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022714

1. Limited Liability Company's Name
Universal Development of Florida, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1597 South Port St. Lucie Blvd.	1597 South Port St. Lucie Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, Florida	City & State: Port St. Lucie , Florida
Zip: 34952 Country: St. Lucie	Zip: 34952 Country: St. Lucie

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/28/2001

6. FEI Number: 01-0640262 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Martin Schaffer

Street Address (P.O. Box Number is Not Acceptable): 1597 South Port St. Lucie Blvd.

Suite, Apt. #, Etc.:

City: Port St. Lucie | State: FL | Zip Code: 34952

9. 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: 11/14/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Martin Schaffer	1597 South Port St. Lucie Blvd.	Port St. Lucie, FL 34952
MGRM	Eli Morginstin	1597 South Port St. Lucie Blvd.	Port St. Lucie, FL 34952
	REINSTATEMENT 2002		

11. 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 608.408, 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: 11/14/02 Daytime Phone #: (561)801-2590

Typed or printed name of signing Managing Member/Manager: Martin Schaffer

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