

AMERICAN REINSTATEMENT
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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UNIVERSAL DEVELOPMENT, LLC
1200 N. FEDERAL HWY., STE. 312
BOCA RATON FL 33432-2846



2. New Mailing Address <u>1031 Ives Dairy Rd Suite 132</u>		4. State/Country of Formation <u>FL</u>	
City, State, Zip <u>Miami, FL, 33179</u>		5. Date Organized or Qualified To Do Business in Florida <u>07/18/2002</u>	
Principal Place of Business <u>1200 N. FEDERAL HWY., STE. 312</u> <u>BOCA RATON FL 33432</u>	3. New Principal Place of Business Address <u>1031 Ives Dairy Rd Suite 132</u> City, State, Zip <u>Miami, FL, 33179</u>	6. FEI Number <u>03-0490923</u>	Applied For <input type="checkbox"/> 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 <u>BEARDEN, JAMES L ESQ.</u> <u>1200 N. FEDERAL HWY., STE. 312</u> <u>BOCA RATON FL 33432</u>		9. Name and Address of New Registered Agent Name <u>ANABITA WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1031 Ives Dairy Rd Ste 132</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33179</u>	
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/28/03</u> <small>REGISTERED AGENT MUST SIGN</small>			
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
<u>MGR</u>	<u>WILLIAMS, ARGERINE</u>	<u>1200 N. FEDERAL HWY., STE. 312</u>	<u>BOCA RATON FL 33432</u>
REINSTATEMENT <u>2003</u> <u>11/10/03</u>			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10/28/03</u> Daytime Phone # <u>305-626-8822</u>			
Typed or printed name of signing Managing Member/Manager			