

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR -5 AM 11:03

DOCUMENT # L04000038750

1. Limited Liability Company's Name

UNIVERSAL HOLDINGS, LLC

100223838701
03/05/12--01054--005 **1210.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 6712 BENJAMIN ROAD		3. Mailing Office Address P.O. BOX 260817	
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33634	Country US	Zip 33685	Country US

4. State/Country of Formation FLORIDA/US	
5. Date Organized or Qualified To Do Business in Florida 05/21/2004	
6. FEI Number 20-1155721	<input type="checkbox"/> 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		
Name STEVEN J. MULDOON		
Street Address (P.O. Box Number is Not Acceptable) 5326 W. CRENSHAW STREET		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33634

E-mail Address: efm727@yahoo.com (To be used for future annual report notices)
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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 Date 2/23/12

REGISTERED AGENT MUST SIGN

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
MGR	STEVEN J. MULDOON	5326 W. CRENSHAW STREET	TAMPA, FL 33634

REINSTATEMENT 2005-2012

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 608.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 2/22/12 Daytime Phone # 8132509206

Typed or printed name of signing Managing Member/Manager