...LETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 DEC 19 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000040512

CR2E041 (1/11)

1. Limited Liability Company's Name

Universal Enterprises LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
950 marina Del Ray Ln	950 marina Del Ray Ln
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: West palm Beach FL	City & State: West Palm Beach FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. State/Country of Formation: USA 10-11

5. Date Organized or Qualified To Do Business in Florida: 5/27/2004

6. FEI Number: 201213250 ☐ 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: Joy Smith

Street Address (P.O. Box Number is Not Acceptable): 7309 Dover Court

Suite, Apt. #, Etc.:

City: Parkland State: FL Zip Code: 33067

E-mail Address:

600242915146
12/19/12--01026--003 **238.75

Swhite9073@Aol.com

(To be used for future annual report notices)

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 Joy Smith Date 12-17-12
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
MGRM	Stephen White	950 marina Del Ray Ln #3	West palm Beach FL 33401

REINSTATEMENT
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 12/17/2012 Daytime Phone # 561-662-2159

Typed or printed name of signing Managing Member/Manager

J. SAULSBERRY
EXAMINER

JAN 01 2013