

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000096596

1. Entity Name  
UNIVERSAL MACHINERY AND TOOLS L L C



Principal Place of Business  
783 99TH AVENUE N #104  
ST PETERSBURG, FL 33702

Mailing Address  
783 99TH AVENUE N #104  
ST PETERSBURG, FL 33702

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008 REIN-LLC CR2E101 (1/07)

4. FEI Number

20-5653919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, NEIL  
783 99TH AVENUE N #104  
ST PETERSBURG, FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
JOSEPH, NEIL  
783 99TH AVENUE N #104  
ST PETERSBURG, FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
400124380534  
04/18/08--01046--009 \*\*277.50 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
SHARABATI, JAFFAR  
783 99TH AVENUE N #104  
ST PETERSBURG, FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAMED, SAMER  
1860 CAPE HOPE AVENUE NE #4  
ST PETERSBURG, FL 33702 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
REINSTATEMENT  
07 08 ☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Neil Joseph*

*Sam 1st - 08*

*427-385-6441*