REINTATEMENT	FLORIDA DEPARTMI Sandra B. Mi Secretary of DIVISION OF CORP	ENT OF STATE ortham State	FII	YBVED 1-2 ND _ED - AM11:45
DOCUMENT # L23 1. Corporation Name UNIVERSAL SUPPLIERS, IN	757 c.		SECRETAR	Y OF STATE SEE, FLORIDA 32530
Principal Place of Business 2302 MERCATOR DR 103 ORLANDO FL 92007 US If above addresses are incorrect in any way, line	Mailing Address 2302 MERCATOR DR 100			
2. New Principal Office Address, If Applicable /2/39 SCIENCE DR. Suite, Apt. #, etc. 5ui7E /0/	3. New Malling Office Address, /2/39 SC/6 Suite, Apt. #, etc. SUITE 10	If Applicable DR	Date Incorporated or Qualified To Do Business in Florida FEI Number 59-2972485	10/18/1989 Applied For
City & State ORLANDO, FL ZIP 32826-323, US	City & State OR LAW Jo F Zip 280 (-323) Coun	<i>[</i> S	6. CERTIFICATE OF STATUS DESIRED S	Not Applicable 8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer s Name of Officers and/or Directors 2 VERDECIA, JULIO	3 (Do NOT I	treet Address of Each Officer and/or Director Use Post Office Box Nu	umbers) 4 City / 8	State / Zip
Beside T D/ UE PRESIDE VER DECIA, GEOR	769 PINE MEA	MEALOWS		2792 3 5792
SUITEK Ontard G Do - Co		Name Street Address (P.C. Suite, Apt. #, Etc.	9. Name and Address of New Registered D. Box Number is Not Acceptable) Stat	
1. Does this corporation pay Dept. of Revenue under S	Any intangible tax to the	HE WE ARE H	NOTE AND THE SEE OF THE SEE OF THE SEE	
I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my	ceiver or trustee empowered to execute solution has been eliminated, the corpute names of individuals listed on this for	this application as pro	vided for in chapter 607 or 617, F.S. I furthe e requirements of section 607.0401 or 617.0	1404 50 46-4 412
SIGNATURE: SUNTURE AND TYPED OF P	Declara Tuli RINTED NAME OF SIGNING OFFICER OR			407-275-4455 Paylime Phone #

SIGNATURE:

UNIVERSAL SUPPLIERS, INC. DIVISION OF CORPORATIONS Invoice No. Date Amount Discount Net Amount ANNUAL REPORTS SECTION P.O.BOX 1500 01 04/01 225,00 0.00 225.00 TALLAHASSEE, FL. 32302-1500 TOTAL = \$225.00 DATE 05/15/96 CHECK NUMBER 00020636 PRODUCT DB181 USE WITH COMPANION DESIGN DUAL WINDOW ENVELOPE PRINTED IN U.S.A. 9/20/96 To whom it may concern: we sent a payment on 5/15/96 for eur conferation; and at this time it looks that the check is lost. We are sending a new payment at this time. Please give no a call for there in any 407. 275-1455. thank you, Julio Wershein