PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L68798**

1. Corporation Name

UNIVERSAL AIR CONDITIONING, CORP.

Principal Place of Business	Mailing Address
11031 NW 62 CT HIALEAH FL 33012-9345	11031 NW 62 CT HIALEAH FL 33012-9345

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: **04/30/1990**

5. FEI Number: **65-0189690** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MATOS, JAVIER	11031 NW 62ND CT	HIALEAH FL
VD	BIGGERMAN, EDWIN	918 VALENCIA AVE	CORAL GABLES FL
SD	MATOS, MARIA E	11031 NW 62 CT	HIALEAH FL

REINSTATEMENT '97
SCC 11-3-97

8. Name and Address of Current Registered Agent

MATOS, JAVIER
11031 NW 62ND CT.
HIALEAH FL 33012-9345

9. Name and Address of New Registered Agent

Name

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

700000238955 7--0
-11/05/97--01109--003
****750.00 ****750.00

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN

700000238955 7--0
Date 11/05/97--01109--004
******8.75 ******8.75

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: JAVIER MATOS — 10-30-97 — (305) 8229210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #