PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000003283

1. Corporation Name

THE UNIVERSAL GROUP, LLC

2. Principal Office Address
P.O. BOX 555369

3. Mailing Office Address
P.O. BOX 555369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

| Zip 32855 | Country USA | Zip 32855 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 12/11/2002

5. FEI Number 06-1662971   [X] Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name ANGELO MITLO

Street Address (P.O. Box Number is Not Acceptable)
13454 fox glove st

Suite, Apt., # Etc.

REINSTATEMENT 03-05

| City WINTER GARDEN | State FL | Zip Code 34787 |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN   Date 7/11/05

CR2E081 (01/05)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	ANGELO MITLO	13454 FOX GLOVE ST	WINTER GARDEN, FL 34787
CEO	TONY MITLO	13454 FOX GLOVE STREET	WINTER GARDEN, FL 34787

10. 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: _____   7/11/05   407-481-8460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #