PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		DEPARTMEN Katherine Ha Secretary of S VIÉTON OF CORPOR	i rris State	FIL	FN	
DOCUMENT # NOOC 1. Corporation Name	59	0	01 NOV 21 PH 12: 17			
UNIVERSAL NEEDS ALLIAN	ICE, INC.		Ţ	ECRETARY ALLAHASSE	OF STATE E, FLORIDA	
1509 TERRACE DRIVE 1509 TER SANFORD FL 32771 SANFORI		g Address Terrace Drive DRD FL 32771		1 11321112		
If above addresses are incorrect in any way, line through incorrect. 2. New Principal Office Address, If Applicable 3. New M. J. S. O. 9. Terrace Drive Suite, Apt. Suite, Apt. Suite, Apt.		#, etc.		To Do Business in Florida 07/05/2000 5. FEI Number Applied For		
City & State	City & State	ity & State		-59-3 6.	59-36523-26 Not Applicable	
Zip 32773 Country	32773 Country Zip				ATE OF STATUS DESIRED TY \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Office					1	
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director			City / State / Zip	
D/P WYNN, SYBERINA		1509 TERRACE DRIVE			SANFORD FL 3277-3³	
D MAROWTIZ, ROBERTA- AKINS, Rene	1609 TERRACE BRIVE 4906 Sudbucy CT		06	SANFORD EL 32771 Oclando, 71 32826		
D MELTON, EARTHA	1509 TERRACE DRIVE PO Box 4361			SANFORD FL 32771		
				30	00047058 -12/05/01016 ****245.00 *	1638 1 37028 ****245.00
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		
WYNN, SYBERINA 1509 TERRACE DRIVE SANFORD FL 3277,7 3			Name Sque Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
		·	City		FL	Zip Code 32773
Signature of Registered Agent 11: I certify that I am an officer or director or the this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and	REGISTERED AG receiver or trustee en dissolution has been the names of individ my signature shall ha	EN MUST SIGN mpowered to execute eliminated, the corp uals listed on this for we the same legal eff	e this application as p orate name satisfies rm do not qualify for fect as if made under	provided for in cha the requirements an exemption und	Date	1, F.S., that all fees
SIGNATURE: SIGNATURE SIGNA	ERINA F	F. WYNN SIGNING OFFICER OR	DIRECTOR		/0/1/0/ Date Daylin	me Phone #