

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

05 JUN -7 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

N01000002842  
CARIDAD UNIVERSAL USA, INC.  
ENGLISH TRANSLATION  
UNIVERSAL CHARITY USA, INC.

2. Principal Office Address

120 WEST BOUGAINVILLEA AVE.

3. Mailing Office Address

P.O. BOX 16424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33612

Country

HILLSBOROUGH

Zip

33687-6424

Country

HILLSBOROUGH

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/2001

5. FEI Number

59-3712530

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

02-05

**7. Name and Address of Current Registered Agent**

Name

NILDA LOPEZ

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

10114 NORTH ASHLEY STREET

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code  
33612

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 06/02/05

**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	NILDA LOPEZ	10114 NORTH ASHLEY STREET	TAMPA, FLORIDA 33612
DR	MARGARITA M. SANCHEZ	6825 WEST CALUMET	LAKE WORTH, FLORIDA 33467
DR	IVETTE CARMEN ROSA	201 SOUTH 22ND STREET	TAMPA, FLORIDA 33605

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:

*[Signature]*

NILDA LOPEZ

06/02/05

813-728-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)