

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000007134

1. Corporation Name

A UNIVERSAL BUREAU OF INVESTIGATIVE SERVICES, IN
C.

Principal Place of Business

Mailing Address

852 1ST AVE. S., STE. 113
NAPLES FL 34102

852 1ST AVE. S., STE. 113
NAPLES FL 34102

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

01/14/2000

5. FEI Number

59-3625705

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVST	BASTEDO, MICHELLE A	852 1ST AVE. S., STE. 113	NAPLES FL 34102

400004678024--9
-11/14/01--01021--007
****150.00 ****150.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASTEDO, MICHELLE A
852 1ST AVE. S., STE. 113
NAPLES FL 34102

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of Michelle A. Bastedo

Date

10/22/01

REGISTERED AGENT MUST SIGN

11. 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:

Handwritten signature of Michelle A. Bastedo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/01 9414038481

CR2040 (8/01)

A Universal Bureau of Investigative Services, Inc.
852 1st. Ave. S. Suite 113
Naples, FL 34102

941-403-8481

10/23/01

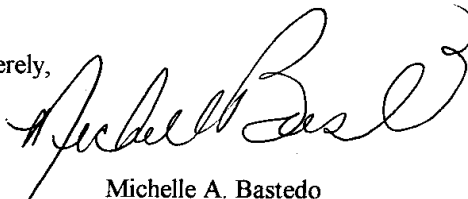
RE:
Document # P00000007134

I am writing you to respond to your notice of "Administrative Dissolution or Revocation of Corporation".

I had not received any information prior to this notice, and was unaware of such a form to be filled out and returned. I telephoned your office, and was told that if I sent you this in writing, I may be able to have the reinstatement fees waived.

I am a new business and have never known about this nor have ever had to fill out one before. It would be most gracious if you would honor the waiver of the reinstatement fees.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michelle A. Bastedo".

Michelle A. Bastedo