

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 28 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038299

1. Corporation Name

UNIVERSAL RECOVERY SERVICES, INC.

2. Principal Office Address

9550 BAY HARBOR TERRACE

Suite, Apt. #, etc.

202

City & State

BAY HARBOR ISLANDS FL

Zip

33154

Country

USA

3. Mailing Office Address

9550 BAY HARBOR TERRACE

Suite, Apt. #, etc.

202

City & State

BAY HARBOR ISLANDS FL

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/2/2000

5. FEI Number

65-1001907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JASON R. KOVAN

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

9550 BAY HARBOR TERRACE

Suite, Apt. #, Etc.

202

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

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

3/24/03

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
P/M <i>[Signature]</i>	JASON R. KOVAN	9550 BAY HARBOR TERRACE #202	BAY HARBOR ISLANDS FL 33154

REINSTATEMENT DL-03 1/18

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

766-234-0255

Daytime Phone #

CR-2001 (1/02)