

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DOCUMENT # P 000000 67840								day of the same of			
UNI	VERSAL :	INTERNATIONAL	CALLS AN	D TEC	HNOLOGY,	INC.					
· · · · · · · · · · · · · · · · · · ·					Office Address SW 8 Street			REINSTATEMENT 01-0			
Suite, Apt. #, etc. Suite, Apt. Suite 200 Suite City & State City & State				e 200				porated or Qualified ness in Florida	07/17/2	000	
Mia	ami, FL		Miami,FL			5. FEI Numbe	65-102	5633	Applied For Not Applicable		
Zip 3:	3134	Country U.S.A.	Zip 33134		Country U.S.A.		6. CERTIFICATE	OF STATUS DESIRI		itional Fee required rificate of Status	
!	7. Name and Address of Current Registered Agent Name MERCEDES LOPEZ CISNEROS. Street Address (P.O. Box Number is Not Acceptable) 5511 SW 8 Street Suite Apt. #, Etc. Suite 202 City Miami 7. Name and Address of Current Registered Agent MERCEDES LOPEZ CISNEROS. 2001 1.9325712 85/13/03-01084 023 #*1055 75 State Zip Code FL 33134										
8. I, being Signature o Registered	r $\wedge \Lambda$	registered agent of the above	ve named corpor	· · · · · · · · · · · · · · · · · · ·		accept the ob	ligations of section	on 607.0505 or 617			
9. Names	and Street Ad	dresses of Each Officer and	or Director (Flor	ida nonprof	fit corporations r	nust list at lea	st 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip		
PD	OSCAR RODRIGUEZ			5511 SW 8 Street,			Suite ₂₀₀	Miami_	FL 3313	1	
SD	MERC	CEDES LOPEZCCI	5511 SW 8 Street,			Suite 20	e 20 2 Miami, FL 33134.				
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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 filling this reinstaltement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/03

305-261-2992

Date

Daytime Phone #

Mercedes Copez Cisneros Attorney at Law

Attorney at Law 5511 S.W. 8 St. Suite 202 Miami, FL. 33134 Telephone 305-261-2992 • Fax 305-261-9934

May 15, 2003.

DEPARTMENT OF STATE. DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314.

RE: UNIVERSAL INTERNATIONAL CALLS AND TECHNOLOGY, INC.
CORPORATION REINSTATEMENT.

Dear Sir or Madam:

Enclosed please find a Corporation Reinstatement Form and check in the sum of \$1,058.75 to cover your fees for the reinstatement and for the certificate of status.

Please forward to us the certificate of good standing in the enclosed self-addressed stamped envelope.

Sincerely,

Mercedes Lopez Cisneros.