

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

STANDARD
DIVISION OF CORPORATIONS

10 JUL -8 PM 12:46

DOCUMENT # P00060070969.

1. Corporation Name

Universe telecom Inc

2. Principal Office Address - No P.O. Box #

306 NW 115th way

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Coral Springs FL

City & State

Zip

Country

33071 Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

65-1049435

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

Sheikha Jamal

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

306 NW 115th way

Suite, Apt. #, Etc

City

Coral Springs

State

FL

Zip Code

33071

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

X [Signature]

Date

REGISTERED AGENT MUST SIGN

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
D	Sheikha Jamal	306 NW 115th way	Coral Springs FL 33071

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #