


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000115904

1. Corporation Name

UNIVERSAL GRANT FINDERS, INC.

Principal Place of Business

809 WEST WATERS AVENUE
TAMPA FL 33604

Mailing Address

809 WEST WATERS AVENUE
TAMPA FL 33604

FILED

01 NOV 26 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

100 E. SAMPLE RD

Suite, Apt. #, etc.

SUITE 210

City & State

POMPAHO BEACH FLORIDA

Zip

33060

Country

U.S.A.

3. New Mailing Office Address, If Applicable

100 E. SAMPLE RD

Suite, Apt. #, etc.

SUITE 210

City & State

POMPAHO BEACH FLORIDA

Zip

33064

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/2000

5. FEI Number

59-368-7824

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MUHAMMAD, GARY	809 WEST WATERS AVENUE 100 E. SAMPLE RD Suite 210	TAMPA FL 33604 POMPAHO BEACH FL 33064
			800004721118--2 -12/12/01--01074--022 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~

~~543 ALMERIA AVENUE~~

~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name

DENNIS MCDEWITT

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

4770 NW BOCA RATON BL

Suite, Apt. #, Etc.

~~BOCA RATON FL 33431~~ B1

City

BOCA RATON

State

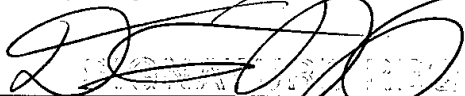
FL

Zip Code

33431

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



REGISTERED AGENT MUST SIGN

Date

11/19/01

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:

GARY B. MUHAMMAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 788-7858