

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *P01000011701*

1. Corporation Name

A UNIVERSAL CONNECTION, INC

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

1119 SW 44 TH

3. Mailing Office Address

1119 SW 44 TH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

U.S.A

Zip

33442

Country

USA

7. Name and Address of Current Registered Agent

Name

SHANE FIDUM

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

1119 SW 44 TH

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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]*Date *5/28/09*

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 |
|-----------|--------------------------------------|---|---------------------------------|
| <i>PO</i> | <i>SHANE FIDUM</i> | <i>1119 SW 44 TH / 1118</i> | <i>Deerfield Beach FL 33442</i> |
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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 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 contained in Chapter 119, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/28/09*Daytime Phone # *954-984-2299*500158808545
07/22/09--01034--008 **600.00
CR2E081 (12/08)

REINSTATEMENT

4. Date incorporated or qualified
To Do Business in Florida*1/30/2001*

5. FEI Number

65-1074106

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$5.75 Additional Fee required
for a Certificate of Status☒ The 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.