

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000011701**

1. Corporation Name

**A UNIVERSAL CONNECTION, INC.**

Principal Place of Business

2860 NW 69 TERR  
MARGATE FL 33063

Mailing Address

2860 NW 69 TERR  
MARGATE FL 33063

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/30/2001

5. FEI Number

65-1074106

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
PD	FLAUM, SHANE	2800 NW 69 TERR	MARGATE FL 33063

800023915328  
10/17/03--01091--006 \*\*150.00

8. Name and Address of Current Registered Agent

FLAUM, SHANE  
2860 NW 69 TERR  
COCONUT CREEK FL 33063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/30/03

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

Date

Daytime Phone #

CR2E040 (7/03)

**A UNIVERSAL CONNECTION, INC.**  
**SALES / SERVICE / INSTALLATIONS**

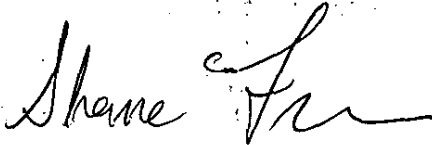
**CELL 954-868-2299**  
**OFFICE 954-341-6435**  
(LICENSED & INSURED)

To whom it may concern:

This letter is in reference to a correspondence I received on October 10<sup>th</sup>. Regarding a notice of administrative dissolution or revocation. Due to a recent move notification was not received. Please accept this check as payment for the corporation annual / uniform business report. In addition please send any further correspondence to 2860 NW 69 terrace Margate Fl 33063. Thank you for your understanding.

Sincerely,

Shane Flaum

A handwritten signature in cursive script, appearing to read "Shane Flaum", written in dark ink.