

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030516

1. Corporation Name

UNIVERSAL SOLUTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

3418 GRIFFIN ROAD
DANIA FL 33418

Mailing Address

3418 GRIFFIN ROAD
DANIA FL 33418

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

03/21/2001

5. FEI Number

X 65-1089180

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	JANI, PRADIP	3801 SOUTH OCEAN DRIVE #3-G	HOLLYWOOD FL 30019

8. Name and Address of Current Registered Agent

STEVEN D. BRAVERMAN, P.A.
8751 WEST BROWARD BLVD STE 206
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

William R. TURNER, CPA

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

8751 W. Broward Boulevard #207

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

X *William R. Turner* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date X 10/30/02

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:

X *Pradip Jani* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pradip Jani 10/30/02 954-331-4800

CR2E040 (8/02)



P.O. BOX 291808 • DAVIE, FLORIDA 33329

TEL 954-331-4860 • FAX 954-331-4865


October 30, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern:

Please be advised that we did not receive any letters from your office on September 19, 2002. We received a certificate of administrative dissolution or revocation for 2 corporations on October 25, 2002 with an application for reinstatement. We called and were told to fill in the Fei number on one corporation and to have the new registered agent sign on the other corporation this paperwork has been completed and is being forwarded to you today. If you should require any additional information please advise as soon as possible.

Sincerely,


Mary Anne Carasa

SUPPORTING THE FIGHT FOR LIFE ON EARTH

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