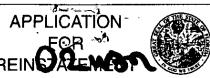
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000030516

1. Corporation Name

UNIVERSAL SOLUTIONS OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3418 GRIFFIN ROAD DANIA FL 33418 3418 GRIFFIN ROAD DANIA FL 33418 FILED

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SECNETARY OF STATE TALLAHASSEE. FLORIDA

nne	DO JANI DDADID				2004 COUTH OCEAN DRIVE #2 G			HOLLYWOOD EL 20040					
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			4	City / State / Zip				
7. Names	and Street Ac	Idresses of Each Officer an	d/or Director (Flo	orida nonprofit co	orporations must list at	t least 3 di	irectors)						
Zip Country		Country	Zip	С	ountry		CERTIFICATE OF STATUS DESIRED			IRED 🗆	\$8.75 Additional Fee required for a Certificate of Status		
City & State			City & State				<u>65-</u>	1089180		$O_{\underline{}}$		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #,	, etc.			El Numbe					Applied For	
		Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified _ To Do Business in Florida 03/21/2001						
		e incorrect in any way, line to	through incorrect in	nformation and	enter correction below	. 09	-16-02	<u>- Go</u>	109	021	45	50.00	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

I W. Broward Douteward #20

Suite, Apt. #, Etc.

Plantation

State 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

AKURE REPAURED

REGISTERED AGENT MUST SIGN

Date X 16/30/02

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: SIGNATURE AND TYPED OR PRINTED PARTY TO SIGNATURE PARTY TO SI

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