

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 PM 11:27

DOCUMENT # P01000042400

1. Corporation Name

Universal Unlimited Services, Corp.

REINSTATEMENT 02-03

2. Principal Office Address

7250 N OAKMONT DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33015

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1096795

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOURDES RIVERO

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

7250 N OAKMONT DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date 11/12/2003

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
PD	RIVERO, LOURDES	7250 N OAKMONT DR	MIAMI FL 33015
VD	GARCIA, BARBARITO	7250 N OAKMONT DR	MIAMI FL 33015

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 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 NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES RIVERO/PRESIDENT

Date

Daytime Phone #

(305) 829-1194

11/12/03

11/24/03

2/2

October 1, 2003
Miami, Florida

Universal Unlimited Services, Corp.
7250 N. Oakmont Dr.
Miami, FL 33015

DEPARTMENT OF STATE
Division of Corporation
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Universal Unlimited Services, Corp. Doc No. P01000042400

Dear Sir/Madam:

As per our telephone conversation, please find enclosed 2 checks of \$150.00 each to renew the corporation for 2002 and 2003. As I explained to you before please, be advised that the mailing address is not the same, that is why we never received the form to renew it. I appreciate your help in this matter and I hope that you understand our problems.

Sincerely,



Lourdes C. Rivero Garcia