

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 24 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000050910

1. Corporation Name

UNIVERSAL BUSINESS SERVICE CENTER INC.

2. Principal Office Address

3001 LAKE ALFRED RD.

Suite, Apt. #, etc.

3. Mailing Office Address

3001 LAKE ALFRED RD.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL. 33881

City & State

WINTER HAVEN, FLORIDA

Zip

33881

Country

USA

Zip

33881

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05-22-01

5. FEI Number

59-3719399

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

LEON VEILLARD

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

3877 RECKER HIGHWAY

Suite, Apt. #, Etc.

SUITE:3

City

WINTER HAVEN

State

FL

Zip Code

33880

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 01-20-03

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
P.	MARIE MIREILLE CANTAVE	1206 BRACK STREET	KISSIMMEE, FL. 34744

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.

Date

Daytime Phone #

863-198-8789
01/20/03

CR2001 (10/02)

Universal Business Service Center Inc.
3001 Lake Alfred Rd.
Winter Haven, Florida 33881

**Department of State
Division of Corporation
P.O. Box: 6327
Tallahassee, Florida 32314**

Reference: PO 1000050910

January 20, 2002

Reference is made to our obligation to file an annual report in regard to the above named Corporation.

With this letter, we wish to be able to convey to the Florida Department of State , Division of Corporation that although we had received a certificate of Corporation with the effective date of May 22, 2001, we had not been actively in business until January 2002 just after we had moved to the above named address on December 31, 2001.

We have not up to this date received a notice from the Division of Corporation neither to inform us about the renewal fee to be paid nor about the dissolution of the Corporation until we spoke to one of its representative by phone on January 9, 2002.

Please find enclosed a check in the amount of three hundred dollars (\$ 300.00) representing the required reinstatement fee.

Furthermore, an annual report for the year of 2002 will be soon forwarded to the Division of Corporation if required.

Thanks for your anticipated attention and forthcoming reply.

Respectfully yours,


**Mireille Cantave
President**


**Leon Veillard
Registered Agent.**