

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000071357

1. Corporation Name

UNIVERSAL SURETY CORPORATION, INC.

2. Principal Office Address

1540 N.W. 15th Street Road

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

Miami-Dade

3. Mailing Office Address

3111 N. University Drive

Suite, Apt. #, etc.

Suite 720

City & State

Coral Springs, Florida

Zip

33065

Country

Broward

REINSTATEMENT

03

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

7/18/01

5. FEI Number

65-1121800

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

Wayne D. Collins

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

1540 N. W. 15th Street Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

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

[Handwritten Signature]

Date *10-20-03*

REGISTERED AGENT MUST SIGN

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
D/P	Wayne D. Collins	1540 N. W. 15th Street Road	Miami, FL 33125

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

305-547-2999

2/10/31

CR20081 (10/02)

Irwin B. Freund, C.P.A./PFS
Lawrence L. Fisher, C.P.A.
Steven A. Young, C.P.A./PFS
Steven Goldston, C.P.A./PFS
Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.



10729 S.W. 104th Street
Kilham Professional Village
Miami, Florida 33176
(305) 279-1288
Fax (305) 596-1372

3111 University Drive
Suite 720
Coral Springs, Florida 33065
(954) 345-8666
Fax (954) 755-3766

Please Reply To:
Coral Springs

October 16, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 2003 Annual Uniform Business Report
Universal Surety Corporation, Inc.
Federal ID# 65-1121800

To Whom It May Concern:

1. Please reinstate the about referenced corporation. The original report was never received. Please abate all penalties.
2. You will also find a check in the amount of \$150.00 enclosed.

If you should have any questions please do not hesitate to give us a call.

Yours truly,

FREUND, FISHER, GOLDSTON & CO., INC.

Mitchell Katz

MK:ji
Enclosure
cc: Wayne Collins