

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000083774

1. Corporation Name

UNIVERSAL PERFUMES INC.

Principal Place of Business

2498 NW 20 ST
MIAMI FL ~~33125~~
33142

Mailing Address

2498 NW 20 ST
MIAMI FL ~~33125~~
33142

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

08/23/2001

5. FEI Number

65-1134251

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HORTA, MELKYS	2724 W 72 PL	HIALEAH FL 33016

8000008645718
10/29/02--01043--016 ***150.00

8. Name and Address of Current Registered Agent

HORTA, MELKYS
2724 W 72 PL
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Melkys Horta SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Melkys Horta SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

(305) 261-1560
Daytime Phone #

20f2

UNIVERSAL PERFUMES, INC.

2498 NW 20 Street

Miami, FL 33142

(305) 634-9000

October 23, 2002

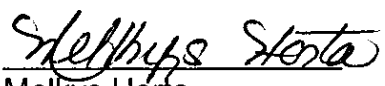
Department of State
Division of Corporations
P. O. Box-6327
Tallahassee, FL 32314
Document # P01000083774

To Whom It May Concern:

The reason of this letter is to explain you that I never receive the two prior uniform business report for year 2002. Attached please find completed the application for reinstatement and a check in the amount of \$150.00.

Thank you for your prompt attention to this matter and if you need additional information do not hesitate to call me at above mentioned phone number.

Sincerely,


Melkys Horta
President