

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000049563

1. Corporation Name

UNIVERSAL GEM LABORATORY, INC.

Principal Place of Business

Mailing Address

2020 W BRANDON BLVD #155
 BRANDON FL 33511

2020 W BRANDON BLVD #155
 BRANDON FL 33511



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/03/2002

Suite, Apt. #, etc. ~~CARLINGTON~~
 13027 ~~CARLINGTON LN.~~

Suite, Apt. #, etc.
 P.O. Box 2373

5. FEI Number

Applied For

City & State
 RIVERVIEW FL.

City & State
 BRANDON FL. 33509

03-0447579

Not Applicable

Zip Country
 33569 Hills

Zip Country
 33509 Hills

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	YATEEN LAD	P.O. Box 2373	BRANDON FL 33509

200024982262
 11/24/03--01097--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAD, YATEEN
 2020 W BRANDON BLVD #155
 BRANDON FL 33511

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

REGISTERED AGENT MUST SIGN

Date

11/13/03

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:

YATEEN LAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/03

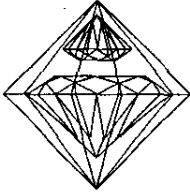
Date

813-728-7287

Daytime Phone #

CR2ED40 (7/03)

UNIVERSAL GEMOLOGICAL LABORATORY.



P.O. Box 2373 * Brandon FL. 33509
(813)-728-7287



Dear: To whom it may concern;

I am writing in regards to my corporation, which was dissolved due to a non-payment. However I did submit a payment in April 2003 for my corporation but some how it was not received, it may have been due to my changing of banks or my change of address. I am sending a payment of \$150.00 for my corporation so if you could please reinstate my corporation # 03-0447579 / Doc# PO2000049563

Sincerely,

PRESIDENT.

Yateen Lad G.G., N.A.J.A
Graduate Gemologist (In Residence)
National Association of Jewelry Appraisers