2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087655

1. Entity Name
UNIVERSAL BEVEL, INC.

FILED
05 JUL -1 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
040720005 REIN-P CR2E088 (6/04)

Principal Place of Business	Mailing Address
1468 GEMINI BLVD ORLANDO, FL 32837	1468 GEMINI BLVD ORLANDO, FL 32837

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
04-3693424
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLON, JOEL
2547 JASMIN TRACE DR
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name: Colon, Joel
Street Address (P.O. Box Number is Not Acceptable): 1122 Gardanne Ct
City: Kissimmee FL Zip Code: 34759

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 6/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLON, JOEL 2547 JASMIN TRACE DR KISSIMMEE, FL 34743	☑ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Colon, Joel 1122 Gardanne Ct. Kissimmee, FL 34759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLON, MODESTO T 240 FIESTA DR KISSIMMEE, FL 34743	☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Colon, Modesto T. Jr. 240 Fiesta Dr. Kissimmee, FL 34743	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700056809737 06/30/05--01046--006 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/27/05 407-854-8876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #