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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:54

DOCUMENT # P02000096162

1. Corporation Name

universal processing services, Inc.

2. Principal Office Address

7250 N OAKMONT DR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33015

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

32-0030379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

RIVERO - GARCIA, LOURDES C

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

7250 N OAKMONT DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

100024764961
11/17/03--01105--007 **151.00

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 11/12/03

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
PD	RIVERO-GARCIA, LOURDES	7250 N OAKMONT DR	MIAMI FL 33015
VD	GARCIA-BARBARITO	7250 N OAKMONT DR	MIAMI, FL 33015

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

LOURDES C ROVERO-GARCIA/PRESIDENT

Date

Daytime Phone #

(305)829-1194

11/12/03

CR2E081 (10/02)

October 1, 2003
Miami, Florida

Universal Processing Services, Inc.
7250 N. Oakmont Dr.
Miami, FL 33015
Tel.: (305)829-4710

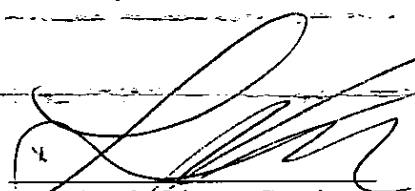
DEPARTMENT OF STATE
Division of Corporation
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Universal Processing Services, Inc. Doc No. P02000096162

Dear Sir/Madam:

As per our telephone conversation, please find enclosed a check of \$150.00 to renew the corporation for 2003. As I explained to you before please, we never received the form to renew it. I appreciate your help in this matter and I hope that you understand our problems.

Sincerely,



Lourdes C. Rivero Garcia