

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY -4 PM 2:02

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

500075038295

05/22/06--01067--015 \*\*450.00


REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 2002

5. FEI Number 90-0061562 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000033095

1. Corporation Name  
UNIVERSAL SERVICES INC EAST FLORIDA  
1020 E PROSPECT ROAD  
OAKLAND PARK FL 33334

2. Principal Office Address <u>1020 E PROSPECT RD.</u>		3. Mailing Office Address <u>1020 E PROSPECT RD</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>OAKLAND PARK FL</u>		City & State <u>OAKLAND FL</u>	
Zip <u>33334</u>	Country <u>US</u>	Zip <u>33334</u>	Country <u>US</u>

7. Name and Address of Current Registered Agent

Name ALEXANDER JACKSON

Street Address (P.O. Box Number is Not Acceptable)  
NEW ADDRESS 4900 N OCEAN BOULEVARD

Suite, Apt. #, Etc.  
1414 - LAUN BY THE SEA FL 33308

City LAUDERDALE BY THE SEA. State FL Zip Code 33308

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 Alexander Jackson Date 27 / 06

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
<u>PRE</u>	<u>ENRIN WALLHOFF</u>	<u>1020 E. PROSPECT RD</u>	<u>OAKLAND PARK FL</u> <u>33334</u>
		<u>0</u>	

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 contained in Chapter 119, 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: Ehren Wallhoff Date 1/2/06 Daytime Phone # 954 678 3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

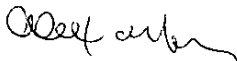
ALEXANDER JACKSON  
CERTIFIED PUBLIC ACCOUNTANT  
4900 NORTH OCEAN BLVD.  
SUITE 1412  
LAUDERDALE BY THE SEA, FL 33308  
954 658 3664

WE NEVER RECEIVED FORMS TO FILE ANNUAL STATEMENTS


PLEASE REMOVE DISSOLUTION

WE NOTIFIED POST OFFICE OF NEW ADDRESS

VERY TRULY YOURS



ALEXANDER JACKSON



PRS 4/20/06