

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 FEB 14 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800118071718  
02/14/08--01039--035 \*\*450.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000096486

1. Corporation Name

UNIVERSAL DESIGN AND CONSTRUCTION CORP.

2. Principal Office Address - No P.O. Box #

16253 NW 77 PATH

Suite, Apt. #, etc.

3. Mailing Office Address

16253 NW 77 PATH

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

FLORIDA

Zip

33016

Country

DADE

Zip

33016

Country

DADE

7. Name and Address of Current Registered Agent

Name

RANDY NUNEZ

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

16253 NW 77 PATH

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/8/08

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
P	RANDY NUNEZ	16253 NW 77 PATH	MIAMI LAKES, FL 33016
V	ELIA E. NUNEZ	16253 NW 77 PATH	MIAMI LAKES, FL 33016

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/08  
Date

(305)

213-0102  
Daytime Phone #

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida

2-22-2005

5. FEI Number

141894172

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

February 10, 2008

Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee Florida 32301

To whom it may concern.

By this letter we are requesting to have our company reinstated into The Department of State Division of Corporation. Please note, as of today we have not received prior notice of the required reinstatement. We are kindly requesting that the fee for the reinstatement be waived on our behalf. We apologize for this inconvenience and hope you will understand.

Sincerely,

Randy Nunez