

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096778

1. Entity Name
UNIVERSAL SOLUTIONS PRO, INC.



Principal Place of Business
316 SOUTH TYLER STREET
BEVERLY HILLS, FL 34465

Mailing Address
316 SOUTH TYLER STREET
BEVERLY HILLS, FL 34465



2. Principal Place of Business - No P.O. Box #
316 South Tyler St
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

10092007 REIN-P CR2E098 (1/07)

City & State
Beverly Hills FL
Zip
34465 Country
U.S.

City & State
Zip
Country

4. FEI Number
57-1184671
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELVESTER, KATHRYN
316 SOUTH TYLER STREET
BEVERLY HILLS, FL 34465

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	CEOT SELVESTER, KATHRYN 316 SOUTH TYLER STREET BEVERLY HILLS, FL 34465	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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11/01/07--01016--024 ***158.75

REINSTATEMENT
2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

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

352-
OCT 16, 2007 527-4114
Date
Telephone Number

Universal Solutions Pro Inc.

Office: 352-527-4114 * Fax: 407-386-7719 * Cel: 352-613-2727

316 South Tyler Street * Beverly Hills, Florida 34465

Kathryn Selvester

State of The Art Digital Video Recording Surveillance Systems

GPS Fleet Tracking Systems



View Your World From Anywhere

October 30th 2007

To Whom It May Concern at the Division Of Corporations,

On October 4th 2007 I spoke to Rep: Michelle Milligan regarding the Status of my corporation. I explained to her that I have hospitalized on and off since March 1st of 2007 and was under the impression that my accountant had taken care of the annual fee of \$150.00.

I never received the notice of dissolution you refer to for whatever reason, and I requested that the \$600.00 fee be waived due to all of these unfortunate circumstances, not the least of which that I had not received a notice.

Please allow me this consideration and Reinstate me, as it was promised to me by Ms. Milligan when I called her from my hospital bed in October.

Enclosed is my form and a check for \$158.75 as directed to me by Ms. Milligan.

Thank You for your Kind Attention to this matter,

Blessings,

Kathryn Selvester, Owner