

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072663

1. Entity Name  
MEDICALL UNIVERSE, INC.



Principal Place of Business  
1328 NW 24TH AVENUE  
MIAMI, FL 33125

Mailing Address  
1328 NW 24TH AVENUE  
MIAMI, FL 33125

2. Principal Place of Business

1750 W 32 PLACE

3. Mailing Address

1750 W 32 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH FL

City & State

HALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

20-1082728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, SERAFIN  
1328 NW 24TH AVENUE  
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name

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

1750 W 32 PLACE

City

HALEAH

FL

Zip Code

33012

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-16-05

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME PEREZ, SERAFIN  
STREET ADDRESS 1328 NW 24TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE D ☒ Delete  
NAME DEVESA, JOAQUIN  
STREET ADDRESS 1328 NW 24TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE D ☐ Delete  
NAME DE VARONA, JOSE  
STREET ADDRESS 1328 NW 24TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1750 W 32 PLACE  
CITY-ST-ZIP HALEAH FL 33012

TITLE ☐ Change ☐ Addition  
NAME 200060820342  
STREET ADDRESS 10/20/05--01042--008 \*\*150.00  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1750 W 32 PLACE  
CITY-ST-ZIP HALEAH FL 33012

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-05 (305) 8896484

FILED  
05 OCT 20 PM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005