

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

DRL UNIVERSAL DESIGNS, INC.

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

19674 NW 84TH PL

Suite, Apt. #, etc.

3. Mailing Office Address

19674 NW 84TH PL

Suite, Apt. #, etc.

City & State

MIAMI GARDENS FL

City & State

MIAMI GARDENS FL

Zip

33015

Country
USA

Zip

33015

Country

USA

7. Name and Address of Current Registered Agent

Name **SOLEDAD RODRIGUEZ**

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

19674 NW 84TH PL

Suite, Apt. #, Etc.

City **MIAMI GARDENS**

State
FL

Zip Code
3015

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

Date 12-11-2007

REGISTERED AGENT MUST SIGN

☒ 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.

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	SOLEDAD RODRIGUEZ	19674 NW 84TH PL	MIAMI GARDENS FL 33015
	REINSTATEMENT		400113229364 12/18/07--01027--002 **450.00
	RH 12-07		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-2007

Date _____

Daytime Phone #