

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 15 PM 3:05

DOCUMENT # PD4000 163 113

1. Corporation Name

Universal 2000

REINSTATEMENT 05-06

2. Principal Office Address

4797 NW 72 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

11343 NW 65 St

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

201952193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Pinto

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

11343 NW 65 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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]

Date

12/11/06

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
P	John Pinto	11343 NW 65 St Miami FL 33178	Miami FL 33178

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 PRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06 (305) 7902681

Date

Daytime Phone #

2 of 2

UNIVERSAL 200 CORP

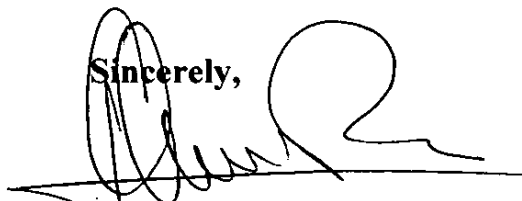
December 11, 2006

**Barbara Mitchell
Document Specialist
Florida Department of State
Division of corporations**

Dear Mrs. Mitchell we never received the reinstate documents for the year 2005 and 2006, please wave the fees for this year, also remember that we already send you a check for 308.75.

I'm sending you the complete application for the reinstatement, any question do not hesitate to give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Pinto', with a large circular flourish at the end.

**John Pinto
President
Universal 2000**