

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 19 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100086169131
01/25/07--01004--026 **900.00

REINSTATEMENT 06-07

CR2E081 (12/05)

DOCUMENT # PD5000135056

1. Corporation Name

A universal Awnings, inc.

2. Principal Office Address

6897 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

6897 NW 7 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33150

Country

U.S.A.

Zip

33150

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3557675

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

OSCAR D. CARIAS

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

6897 NW 7 AVE

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33150

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

Oscar D. Carias

Date 1-05-06

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
<u>P</u>	<u>OSCAR D. CARIAS</u>	<u>6897 NW 7 AVE</u>	<u>Miami, FL 33150</u>

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:

Oscar D. Carias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-05-06 305-757-5080

Date

Daytime Phone #