2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 31 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000063514

1. Entity Name
UNIVERSAL EXPRESS SERVICES INC.

Principal Place of Business	Mailing Address
8302 NW 68TH ST MIAMI, FL 33166	8302 NW 68TH ST MIAMI, FL 33166

12272007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6993 NW 82 Ave	6993 NW 82 Ave
Suite, Apt. #, etc. Bay # 25	Suite, Apt. #, etc. Bay # 25
City & State Miami, FL	City & State Miami, FL
Zip 33166 Country Miami-Dade	Zip 33166 Country Miami-Dade

4. FEI Number 02-3930931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVILA, ANGELA
8302 NW 68TH ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name Davila, Angela
Street Address (P.O. Box Number is Not Acceptable) 6993 NW 82nd Ave
Bay # 25
City Miami FL Zip Code 33166

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 X Angela Davila 12-27-07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVT NAME DAVILA, ANGELA STREET ADDRESS 8302 NW 68TH ST CITY-ST-ZIP MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS 6993 NW 82 Ave #25 CITY-ST-ZIP Miami, FL 33166	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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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 like empowered.

SIGNATURE: X Angela Davila 12-27-07 (305) 728-4798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #