

FILED

2013 DEC 11 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

1. Name of the company Universal Components Systems Corp.

2. Principal Office Address - No P.O. Box #
2385 NW 70 A

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Miami FL

City & State

Zip	33122	Country	USA
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Zip	Country
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4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

45-316830S

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status will

7. Name and Address of Current Registered Agent

Name Maibel KEYES

Street Address (P.O. Box Number is Not Acceptable) 2385 NW 70 AVE

Suite, Apt. #, Etc. BAY A-14

City Miami

State
FL

Zip Code
33122

000254671430
12/12/13--01028--014 **900.00

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 _____

12-9-13

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
PD	Maibel REYES	2385 NW 70 AVE Bay A-14	Miami FL 33122

REINSTATEMENT

S. HAWKES

DEC 12 2013

EXAMINER

10. I certify that I am an officer or director of 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

Date _____

Daytime Phone #