LAZARUS 2281440 P.01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 13 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003651

1 Corporation Name

UNIVERSAL EXPORT SERVICES, INC

Principal Place of Business / Mailing Address

12550 BISCAYNE BLVD.
NORTH MIAMI, FL 33181

REINSTATEMENT 95-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Address, If Applicable

17064 W. DIXIE HWY
Suite, Apt. #, etc.

City & State: NO. MIAMI BEACH, FL
Zip: 33160 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/15/93

5. FEI Number: 65-0281005 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/SLD	MYAT T. MAUNG	201 NE 92ST. MIAMI SHORES, FL	
V/D	HUGO LEGEZMA	12550 BISCAYNE BLVD	NO. MIAMI, FL 33181
			700002005187--9
			-11/14/96--01109--005
			****583.75 ****583.75
			JB 11-13-96

8. Name and Address of Current Registered Agent

MARTIN H. ALMAN
17064 W. DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33160

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Martin H. Alman (REGISTERED AGENT MUST SIGN) Date: 11/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that I am an officer or director of the reserve or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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., and that all fees owed by the corporation have been paid. 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] 11/12/96 305-944-5053
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Daytime Phone #