

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 8:42

DOCUMENT # **PA4000020635**

1. Corporation Name

Universal Trading International, Inc.

2. Principal Office Address

11400 N.W. 34th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

U.S.A.

3. Mailing Office Address

11400 N.W. 34th St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/11/94

5. FEI Number

65-0476746

Applicable or

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

Robert G. Balogh

000004494500--4

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

11400 N.W. 34th ST

07/24/01-01037-023

***1350.00 ***1350.00

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

REGISTERED AGENT MUST SIGN

Date 07/10/01

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
Pres	Robert G. Balogh	18151 S.W. 25th ST	Miramar, FL 33029
V.P.	Bret Balogh	10940 S.W. 124 Rd	Miami, FL 33176
V.P.	Robert Balogh	629 S.W. 168 Way	Pembroke Pines, FL 33027

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 under section 119.07(3)(i), 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

Robert Balogh

Date

7/10/01

Daytime Phone #

305 477-0244

CRZE081 (9/00)