

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 25 PM 5:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000029570

1. Corporation Name

UNIVERSAL HEALTH TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1948 N.E. 123RD STREET  
 SUITE 103  
 N. MIAMI FL 33181

12555 BRISCAVNE. BLVD  
 SUITE 004  
 N MIAMI FL 33181  
 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/18/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0485728

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

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	4 City / State / Zip
P	KERN, BRAD A	1948 NE 123RD ST #103	N MIAMI FL

500003032975--4  
 -11/02/99--01090--020  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KERN, BRAD A  
 1978 N.E. 123RD ST # 103  
 NORTH MIAMI FL 33181

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

11. 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

Date

Daytime Phone #

CR2EAC (8/99)