PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

96 DEC -2 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038145

1. Corporation Name

UNIVERSAL ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
RUBIN ICOT CENTER 13830 58TH STREET N., SUITE 404 CLEARWATER FL 34620	RUBIN ICOT CENTER 13830 58TH STREET N., SUITE 404 CLEARWATER FL 34620

700002021807--2
-12/06/96--01019--024
****175.00 ****175.00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: ~~05/15/1995~~

5. FEI Number: 06-1427598 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
EX. V.P.	ERNESTO SCALISE	RUBIN ICOT CENTER 13830 58TH ST. N. ST. 404	CLEARWATER FL. 34620
SEC/TREAS	JAMES DONOVAN	RUBIN ICOT CENTER 13830 58TH ST. N. ST. 404	CLEARWATER FL. 34620

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****200.00 ****200.00

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32302

9. Name and Address of New Registered Agent

Name: JAMES DONOVAN
Street Address (P.O. Box Number is Not Acceptable): RUBIN ICOT CENTER
Suite, Apt. #, Etc.: 13830 58TH ST N. STE 404
City: CLEARWATER State: FL Zip Code: 34620

CR2E040 (7/95)

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: James J Donovan REGISTERED AGENT JED Date: 11/11/96

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 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: James J Donovan SIGNATURE AND TYPED OR PRINTED NAME DIRECTOR 11/11/96 (813) 524-1544 Daytime Phone #

0090742 AP