

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # PA5000092525

1. Corporation Name

UNIVERSAL INTERNATIONAL TECHNOLOGIES CORP.

FILED

98 MAR 18 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT 96-98

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

2. New Principal Office Address, If Applicable
13951 SW 66th. STREET

3. New Mailing Office Address, If Applicable
P.O. BOX 960565

4. Date Incorporated or Qualified
To Do Business in Florida

12-05-95

Suite, Apt. #, etc.
204-A

Suite, Apt. #, etc.

5. FEI Number

EIN 65-0644553

Applied For

Not Applicable

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33183

Country
USA

Zip
33296-0565

Country
USA

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 Titles	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
PRES.	OSCAR BAYER	13951 SW 66th. STREET	MIAMI, FLORIDA 33183
V. PRES.	CECILIA CARVAJAL	13951 SW 66th. STREET	MIAMI, FLORIDA 33183

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-03/20/98--01008--010
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

OSCAR BAYER

13951 SW 66th. STREET
MIAMI, FLORIDA 33183

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 to 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.

OS CAR BAYER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-98

(305) 388-8899

Date

Daytime Phone #