

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 27 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 196000012228

1. Corporation Name

UNIVERSAL CONGLOMERATED INVESTMENTS INC

2. Principal Office Address

PEDRO E LINARES

Suite, Apt. #, etc.

3. Mailing Office Address

8800 SW 21TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip
33165

Country
US

Zip
33165

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1996

5. FEI Number

650644901

Applied For

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

PEDRO E LINARES

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

8800 SW 21TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33165

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 02/25/2003

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	PEDRO E LINARES	8800 SW 21TH STREET	MIAMI, FLORIDA 33165

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:

PRESIDENT

02/25/2003 305-309-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)

272

February, 25, 2003

Ref: Universal Conglomerated Investments Inc.
Fein # 65-0644901

To Whom It May Concern:

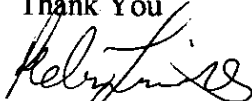
As requested I Pedro E Linares am sending in this letter along with the application of reinstatement.

For the reason that the annual reports have not been sent to my current address, which is 8800 Sw 21 Street, Miami, Florida 33165.

I am requesting now a reinstatement with the amount of \$ 600.00, which is the fee That I was told from the Department Of State.

If you have any further assistance, Please do not hesitate to contact me at the following (305)298-0983.

Thank You


Pedro E Linares