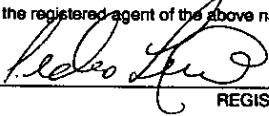


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 162

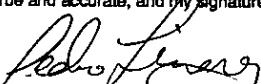
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 16000012228		
1. Corporation Name UNIVERSAL CONGLOMERATED INVESTMENTS INC		

2. Principal Office Address PEDRO E LINARES	3. Mailing Office Address 8800 SW 21TH STREET				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA				
Zip 33165	Country U S	Zip 33165	Country U S		
4. Date Incorporated or Qualified To Do Business in Florida 02/05/1996 5. FEI Number 650644901 <table border="1" style="float: right; border-collapse: collapse; text-align: right;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status				Applied For	Not Applicable
Applied For					
Not Applicable					

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 		Date 02/25/2003	
REGISTERED AGENT MUST SIGN			
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 # ME

CR20081 (10/02)

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February, 25, 2003

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

To Whom It May Concern:

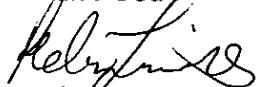
As requested I Pedro E Linares am sending in this letter along with the application of reinstatement.

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