

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 13 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 196-37290

1. Corporation Name

UNIVERSAL TRAINING SOFTWARE, INC.

[Handwritten signature]

200136868192

10/13/08--01030--008 **300.00

REINSTATEMENT 07-08

2. Principal Office Address - No P.O. Box #
2901 CLINT MOORE RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

268

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33496

4. Date Incorporated or Qualified
To Do Business in Florida 04/25/96

5. FEI Number
65-0662991

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

VICTOR REYES

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

12750 SW 197TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten signature: Victor Reyes]

Date OCT. 10, 2008

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
P,D	VICTOR REYES	12750 SW 197TH AVE	MIAMI, FL 33196

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 contained in Chapter 119, 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:

[Handwritten signature: Victor Reyes]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 10, 2008

Date

Daytime Phone #