

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE
	Jim Smith
	Secretary of State
	DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -7 PM 2:11

DOCUMENT # P96000037290

1. Corporation Name

Universal Psychic Center, Inc.

2. Principal Office Address

15530 SW 215 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

33187

MIAMI-DADE

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida

4/25/96

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

RAMONA SILVIA REYES

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

15530 SW 215 AVE

400018451104

05/07/03--01051--003 \*\*900.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

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

Ramona S. Reyes  
REGISTERED AGENT MUST SIGN

Date

5/2/03

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 / Street / Zip
D/P/S	RAMONA SILVIA REYES	15530 SW 215 AVE	MIAMI, FL 33187

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:

Ramona S. Reyes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03

Date

305-971-8745

Daytime Phone #