

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039314**

1. Corporation Name

UNIVERSAL DISTRIBUTORS INC.

2. Principal Office Address

17027 WEST DIXIE HWY.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH

City & State

Zip

33160

Country

DOGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1996

5. FEI Number

65-0663764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LESLIE HOWARD BERGER, J.D.

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

2213 North University Drive

Suite, Apt. #, Etc.

City

Pembroke Pines,

State

FL

Zip Code

33024

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 **NOV. 21, 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.	STEPHEN SPIEGEL	20225 N.E. 34 TH CT #219	AVENTURA, FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2004

Date

305-948-4744

Daytime Phone #

FILED

04 APR 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-04

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