

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 28 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P9600045762 (7) YEAR 2001

1. Corporation Name

P96000045762

UNIVERSAL BEEPERS EXPRESS, INC.

2. Principal Office Address

100 S CONGRESS AVE.

3. Mailing Office Address

100 S CONGRESS AVE.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH FLORIDA

Zip

33445

Country

USA

Zip

33445

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/23/1996

5. FEI Number

65-0669835

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

KHALIL, SAED

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

100 S CONGRESS AVE.

Suite, Apt. #, Etc.

100

City

DELRAY BEACH

State Zip Code

FL 33445

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 *SAED KHALIL*

Registered Agent

Date 8/21/2002

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 / Street / Zip
D	KHALIL, SAED	100 S CONGRESS AVE.	DELRAY BEACH, FLORIDA 33445

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)(f), 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:

SAED KHALIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2002

Date

561-265-1190

Daytime Phone #

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

August 20, 2002

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

REF: UNIVERSAL BEEPERS EXPRESS
DOCUMENT # P96000045762

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the reports and a check in the amount of \$ 300,00 for 2001 and 2002. Please Accept this annual report as reinstatement.

Thank you for your cooperation in this matter.

If you have any further question, please do not hesitate to contact us.

Andre K Kattoura

