

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 DEC 15 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000045762**

**1. Corporation Name**

UNIVERSAL BEEPERS EXPRESS, INC.

1585 S CONGRESS AVE.

1585 S CONGRESS AVE.

**2. Principal Office Address**

1585 S CONGRESS AVE.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

Zip

33445

Country

USA

**3. Mailing Office Address**

1585 S CONGRESS AVE.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

Zip

33445

Country

**REINSTATEMENT**

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

**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)  
1585 S CONGRESS AVE.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State  
**FL**

Zip Code  
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  
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date **12/13/2004**

**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
D	KHALIL SAED	1585 S CONGRESS AVE.	DELRAY BEACH, FL 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)(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:**

X *Samir Khalil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/2004

Date

561-365-2000

Daytime Phone #

CR25081 (01/04)

2012

# KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd  
Suite 416  
Boca Raton, FL 33486  
TEL: (561) 362-0491

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

National Society of Tax Professional

December 13, 2004

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 DEC 15 PM 4:05

FILED

REF: Universal Beepers Express, Inc.  
DOCUMENT # P96000045762

Dears Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing the report and a check in the amount of \$ 150.00 and 2004. Please accept this annual report as reinstatement.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

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

Sincerely

  
Andre K Kattoura

Enclosure ( s )

Check \$ 150.00 Annual Report 2004.