PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
Aug 27 1998 8:00am
Secretary of State

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1 Name and Mailing Address of Corporation: DOCUMENT #

P96000046095

UNIVERSITY CONSULTANTS, INC.
12515 NO. KENDALL DR. SUITE 218
MIAMI, FLORIDA 33186

2. If Address address bl
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4 Date Incorporated or Qualified To Do Business in Florida: 5/30/96

5. FEI Number: 65-0685041

FEI Number Applied For

FEI Number Not Applicable

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED X

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DANILO MONZON	12515 NO. KENDALL DR., Suite 218, MIAMI, FL 33186	
STVD	NIURKA SOLA	14321 SW 170 STREET	MIAMI, FL 33177

400002629784
-09/01/98--01023--013
***558.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

NIURKA SOLA
14321 S.W. 170 STREET
MIAMI, FL 33177

9. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City | State: FL. | Zip

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X _____ Date 8/7/98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X _____ Date 8/7/98 Daytime Phone # 305-274-1805

NIURKA SOLA SECRETARY