

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000064256

1. Corporation Name

UNIVERSAL SOURCE, INC.

Principal Place of Business Mailing Address
1881 Washington Avenue Suite 11-H
Miami Beach, Florida 33139
 Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **July 31, 1996**

5. FEI Number **65-0811948**

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

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
P/D	Luisa Mosquera	1881 Washington Avenue Apt. 11-H	Miami Beach, FL 33139
V/D	Robert Demes	1881 Washington Avenue Apt. 11-H	Miami Beach, FL 33139
S	Dawn Buller	1900 Washington Avenue Apt. 11-H	Miami Beach, FL 33139
T	Mary Prados	420 Lincoln Road Suite 363	Miami Beach, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Mary Prados, C.P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road
 Suite, Apt. #, Etc.
Suite 363
 City **Miami Beach**

State **FL** Zip Code **33139**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/4/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]
LUISA MOSQUERA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-695-8781

Date

Daytime Phone #

CR2E08 (12/98)