

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

00 APR 19 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013927

1. Corporation Name

UNIVERSAL OVERSEAS INVESTMENT, INC

2. Principal Office Address

5901 NW 151 ST

Suite, Apt. #, etc.

Suite # 207

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

800 W. Hallandale Beach

Suite, Apt. #, etc.

City & State

Hallandale, FLORIDA

Zip

33009

Country

USA

REINSTATEMENT

99-00

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

02/10/1997

5. FEI Number

65-0729890

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

BROCK NABAT

200003219712-9

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

1190 N.E. 125 ST, # 21

04/24/00-01023-002

****908.75 ****900.75

Suite, Apt. #, Etc.

City

N. MIAMI,

State
FL

Zip Code

33161

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

Brock Nabat

Date

4/15/00

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 / State / Zip
P	MUHAMMAD A. NAEEM	2026 NW 138 TERR	Pembroke Pines, FL-33028
V	MOHAMMAD I. SAWAL	13810 NW 20 ST	Pembroke Pines, FL-33028

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10. I certify that I am an officer or director of 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

Mohammad I. Sawal

(MOHAMAD I. SAWAL)

10/15/200

(954) 791 5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #