## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CCAPORATIONS	FILED 01 NOV 29 PN 4:38
DOCUMENT # P970000 / 1. Corporation Name  UNIVERS ON OVERSEAS		SECRETARY OF STATE FALL-AHASSEE, FLORIDA-
800 W. HALLANDALE BCH. 8	• Mailing Office Address  • Mailing Office Address	REITSTATEMENT of
Oh A Out	la. O Chair	4. Date Incorporated or Qualified 2//0/97
ll '	ity & State HAUDNDALE FL-	5. FEI Number 0729890 Applied For Not Applicable
33009 Country Zi	73009 Country	6. CERTIFICATE OF STATUS DESIRED Cor a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		
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
Presidenta HAMMADA, NAC	SEM 2026 N.W. 13815	Perr Pembroka lines FL-3>028
Jul .	Klines FC 3701	<del>-</del> *6
V. Preside Mohammad I. SA	Wal 13810 NW 208t	Pembrola Piñes FZ 33028
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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 filling 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:  SIGNATURE:  Daylime Phone #		