

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014808

1. Corporation Name

UNIVERSAL COMPUTER SOLUTIONS, INC.

Principal Place of Business

Mailing Address

9156 NEW ORLEANS DRIVE  
ORLANDO FL 32818

9156 NEW ORLEANS DRIVE  
ORLANDO FL 32818

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

2. New Principal Office Address, if Applicable

1729 HARBOR LANE

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1729 HARBOR LANE

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

USA

City & State

CLERMONT, FL

Zip

34711

Country

USA



REINSTATEMENT

98

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/1997

5. FEI Number

59-2130599

Applied For

Not Applicable

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	RICHARD T. REPER	1729 HARBOR LANE	CLERMONT, FL 34711
ST	BONNIE L. REPER	"	"
			500002703415--1
			12/04/98 01076 012
			*****758.75 *****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, LAWRENCE H  
341 N MAITLAND AVENUE  
SUITE 120  
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED**

Date 11/23/98

11. This corporation owes or has paid 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/98 352-242-9393  
Date Daytime Phone #

CR2ED40 (8/98)