APPLICATION 🚜 🤽	FLORIDA DEPARTME Katherine Ha	
FOR	Secretary of S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REINSTATEMENT	DIVISION OF CORPO	State STARY OF STATE PRATIONS STATE ORACIONAL STATE OR
1 Corporation Name	000060284	99 SEP 23 PM 2: 29
Universal Pasing	Tuc.	
Principal Flace of Business	Mailing Address	
1710 45th street west Palm Beach Fa	J-11	98-99
If above addresses are incorrect in any way, line thro	•	correction below.
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Suite, Apt. #, etc.	
N/A	City & State	5. FEI Number Applied For 65 - 0767967 Not Apolicable
Op Country N/	Zip N/P Country	
Names and Street Addresses of Each Officer and/o		ations must list at least 3 directors) reel Address of Each
Intic (s) and/or Directors Officer and/or Directors Officer Box 2 3 (Do NOT Use Post Office Box		fficer and/or Director City / State / Zin
		700030054771 -10/05/3901113003 ****900.00 ****900.00
8. Name and Address of Current Re	egistered Agent	9. Name and Address of New Registered Agent
Thub A Elisecti		Name A)/Q
905 5916 Way		Street Address (P.O. Box Number is Not Acceptable)
jest palm Beach Fla. 33409		Suite, Apt #, Etc N/A
) It being appointed the registered agent of the above	a named corporation, am familiar wit	th and accept the obligations of Section 607.0505, F.S.
3, 7, 7		Date 9-/7-99
gnature of gistered Agent ISSIST	SISTERED AGENT MUST SIGN	
gnature of System In Signature of Agent	current year	Yes No X (See other side for information on intangible tax.)