PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P97000063801 DOCUMENT

1. Corporation Name

UNIVERSAL STRUCTURES INC.

Principal Place of Business

Mailing Address

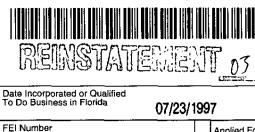
4407 TURKEY CREEK RD PLANT CITY FL 33567

2291 W HWY 92 PLANT CITY FL 33566

FILED

03 OCT 13 AM 8:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/23/1997			
Suite, Apt. #, etc. Suite, Apt. #				, etc.		5. FEI Numbe		Applied For	
City & State City & Sta				8		6.	59-3462956	Not Applicable	
Zip Country Z			Zip		Country	I = -	CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee requir		
7. Names	and Street Ad	Idresses of Each Officer an	d/or Director (Flo	orida nonprof	it corporations must list at le	east 3 directors)			
Title(s)	tle(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	COTHREN, MATT			2291 E HWY 92		<u> </u>	PLANT CITY FL 33566		
				900022750979				179	
						10/13.	800023750978 10/13/0301072002 **750.00		
	 				···	<u></u>			
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
COTHREN, MATTHEW 2291 EAST HWY 92					Name	Name Street Address (P.O. Box Number is Not Acceptable)			
					Street Address (P.O. Box Nu		umber is Not Acceptable)		
PLANT CITY FL 33566					Suite, Apt. #, Etc.				
					City	City State Zip Code			
10. I, being	g appointed th	e registered agent of the at	ove named corp	oration, am f	amiliar with and accept the c	obligations of Sect	ion 607.0505, F.S. or 617.050	05, F.S.	
Signature o	of Agent		TU BE				Date 10 9 0	3	
i iegisteret	Ayent	!	REGISTERED AG			Date 10 11-0			
11.1 certify	that I am an	officer or director or the rec	eiver or trustee e	mpowered to	execute this application as	provided for in ch	apter 607 or 617, F.S. I furthe	r 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR