

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUN 30 PM 12: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024900

1. Corporation Name

Universal Technical Services, Inc

2. Principal Office Address

16057 TAMPA PALMS Blvd

Suite, Apt. #, etc.

W-351

City & State

TAMPA FL

Zip

33647

Country

USA

3. Mailing Office Address

4333 West Waters Ave

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33614

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/17/98

5. FEI Number

59-3513213

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

Vincent A. O'Brien

100003328401--8

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

8903 Regents Park Drive

-07/19/00--01097--026

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

Suite 110

City

TAMPA

State

FL

Zip Code

33647

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

*Vincent A. O'Brien*

Date 6/27/00

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
Pres/ Dir	Anthony L. Franks	16006 Boswell Way <del>16006 Boswell Way</del>	TAMPA FL 33647

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 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:

*V. A. O'Brien* *for Anthony Franks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/00

Date

813 991-9803

Daytime Phone #

CR2E081 (9/99)