PAGE 01/2 PAGE 12/2 3056550081 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, EILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE OL MAY 28 PH 3: 55

| Country Country Country CERTIFICATE OF STATUS DESIRED S8.75 Additional For total Certificate of the Certificate of the Certificate of the Certificate of the Certificate of Current Registered Agent Name Anith Street Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 21 U 9 SW 0314 MC | |
|--|-----------------|
| Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida City & State City & State City & State City & State Country Zip Country Zip Country 7. Name and Address of Current Registered Agent Name Applies To a Certificate of Status DESIRED \$8.75 Additional For total Certificate of Status DESIRED Street Address (P.O. Box Number is Not Acceptable) 21. Name Address of Current Registered Agent | 0.00 |
| City & State Country Cou | |
| To Country | |
| Name Tanith HOTS/ Street Address (P.O. Box Number is Not Acceptable) 27149 8W 1034 BY | |
| Street Address (P.O. Box Number is Not Acceptable) 27149 8W 10314 BY | |
| Suite, Apt. Fisc. City State State Size Code FL 33/90 8- 1, being appointed the registered agent if the above named corporation, am familiar with and accept the obligations of section 607,0505 or 817.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9- Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | CAZEcn1 (01/04) |
| Titles Name of Street Address of Each City / State / Zip Officers and/or Directors Officer and/or Director | |
| D JEAN H. VINCENT 2181 NW 184 Terrace Dembrokelines FL332 | 229 |
| O Elias Morso 4520 EN 38 Somet Hollywood PL 330 | 23 |
| | |
| 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 | |

on this application is true and accurate and my signature shall have the same legal effect as if made under cath.

SIGNATURE

ED COPPRINTED NAME OF BIONING OFFICER OR DIRECTOR



Universal Fruit & Vegetable, Inc. 99 NW 183rd Street Suite 205 Miami, Fl 33169

May 10, 2004

Department of State
Division of Corporations Corporate fillings
P.O. Box 6327
Tallahassee, Fl 32314

Reference: Document # P98000093997 To Whom It May Concern:

Enclosed check for the amount of \$750.00 to reinstate the corporation of Universal Fruit & Vegetable, Inc. I did not receive any annual report for the year 2000, please wave the late fee for me.

The current address for this corporation shall be 99 NW 183rd Street Suite 205 Miami, Fl 33169.

Singerely yours;

te Moise