

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAY -6 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000016955

1. Corporation Name

UNIVERSAL TURBINE CENTER, INC.

2. Principal Office Address

1260 N.W. 57th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33126

Country

USA

3. Mailing Office Address

1260 N.W. 57th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0898822

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

GRACE CLEMENS

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

9978 N.W. 29th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

Grace Clemens

REGISTERED AGENT MUST SIGN

Date

4/29/03

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
D	AGUILERA, NOEL	3501 ANCHORAGE WAY	COCONUT GROVE, FL. 33133
STD	AGUILERA, ELIZABETH	3501 ANCHORAGE WAY	COCONUT GROVE, FL. 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 305-260-9939

Date

Daytime Phone #

1092

UBR

02-03

CR2001 (10/02)

6



2082

April 29, 2003

Florida Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, Fl. 32314-16327

RE: Universal Turbine Center, Inc.
Document Number P99000016955

Dear Sir or Madam:

Enclosed please find a Reinstatement form for the above referenced corporation. We never received the 2002 Uniform Business Report from you. Perhaps because the documents were lost in the mail or never delivered.

In any event, enclosed is also a check for \$300.00, payable to Florida Department of State for the 2002 and 2003 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,


Yumet De La Torre
Controller