

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000053968

1. Corporation Name

UNIVERSAL DUBBING, INC.

FILED

02 OCT 28 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2000 ALTON ROAD~~  
MIAMI BEACH FL 33140

~~2000 ALTON ROAD~~  
MIAMI BEACH FL 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

4100 NE 2 AVE

Suite, Apt. #, etc.  
SUITE 208

City & State  
MIAMI FL

Zip 33137 Country Dade

3. New Mailing Office Address, if Applicable

4100 NE 2 AVE

Suite, Apt. #, etc.  
SUITE 208

City & State  
MIAMI FL

Zip 33137 Country Dade

REINSTATEMENT 2002

4. Date Incorporated or Qualified  
To Do Business in Florida

06/14/1999

5. FEI Number

65-0926804

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KING, KATHLEEN	714 NW 12 AVE	DANIA FL 33004
D	ARDNER, MICHAEL	1531 N.E. 131 LANE	MIAMI FL 33161
<del>D</del>	<del>LIPNIK, DAVID</del>	<del>2000 ALTON ROAD</del>	<del>MIAMI BEACH FL 33140</del>
D	LIPNIK, DAVID	4100 NE 2 <sup>ND</sup> AVE	MIAMI, FL 33137
			500008614225
			10/28/02 01059 026 **750.00

8. Name and Address of Current Registered Agent

LIPNIK, DAVID  
12000 BISCAYNE BLVD., #200  
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

LIPNIK, DAVID

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

4100 NE 2<sup>ND</sup> AVE

Suite, Apt. #, Etc.

SUITE 208

City

MIAMI

State

FL

Zip Code

33137

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

11. 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 305-531-7936

Date

Daytime Phone #

CR2E040 (8/02)