PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 30 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/26/02--01021--003
***1050.00 ***1050.00

DOCUMENT # P99000088650

1. Corporation Name
UNIVERSAL I.T., INC.

2. Principal Office Address	3. Mailing Office Address
1802 N. University Dr.	Same
Suite, Apt. #, etc.: #128	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State
Zip: 33322 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-07-99

5. FEI Number: [X] 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: BENCHIMOL, MAHBOUB

Street Address (P.O. Box Number Is Not Acceptable): 1802 N. University Drive

Suite, Apt. #, Etc.: #128

City: Plantation State: FL Zip Code: 33322

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 _____ Date May 29th, 2002
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
P/D	BENCHIMOL. MAHBOUB	1802 N. University Drive #128	Plantation, FL 33322
		900.00 - Adm	
		61.25 - AR	
		88.75 - AR $$$	

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: _____ 5/29/01 (954) 6730982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAHBOUB BENCHIMOL

TOTAL P.02