

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 16 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/18/02--01066--021  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT** 01-02

**DOCUMENT #**

**1. Corporation Name**

Universal Pottery Corp

563722

**2. Principal Office Address**

11555 US # 1

**3. Mailing Office Address**

11555 US # 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Palm Beach, Florida

City & State

North Palm Beach, Florida

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/02/91

**5. FEI Number**

65-0271199

☒

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

Albert Barrera

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

11555 US # 1

Suite, Apt. #, Etc.

City

North Palm Beach

State  
FL

Zip Code

33408

**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

*Albert Barrera*

Date August 16, 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
CEO	Albert Barrera	22 Teach Road	North Palm Beach, Fl 33408
PRES	Patricia Barrera	22 Teach Road	North Palm Beach, Fl 33408

**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

Date

Daytime Phone #

08/16/02

9/16/02