

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR -4 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000086585

1. Corporation Name

Univercell Holdings, Inc.

2. Principal Office Address

4779 Collins Avenue # 2806

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

United States

3. Mailing Office Address

4779 Collins Avenue # 2806

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33140

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/01

5. FEI Number

11-3331350

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-09

7. Name and Address of Current Registered Agent

Name
Sean Y. Fulda

Street Address (P.O. Box Number is Not Acceptable)
4779 Collins Avenue # 2806

Suite, Apt. #, Etc. -

City
Miami Beach

State
FL

Zip Code
33140

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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

REGISTERED AGENT MUST SIGN

Date 3/30/05

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	SEAN Y. FULDA, CHAIRMAN	4779 Collins Ave #2806	Miami Beach, FL 33140
D	DAN FRIEDMAN	" "	" "
D	MICHAEL FULDA	" "	" "

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

3/30/05 786-276-7817

Date

Daytime Phone #

CR2E081 (01/05)