


**2004 LIMITED PARTNERSHIP REINSTATEMENT**

FILED

2004 NOV 18 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B00000000041</b>	
1. Entity Name U.S. PERSONNEL VIII L.P.	

Principal Place of Business 2300 VALLEY VIEW LANE SUITE 300 IRVING, TX 75062	Mailing Address 2300 VALLEY VIEW LANE SUITE 300 IRVING, TX 75062
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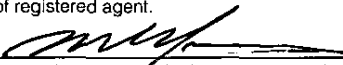
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11042004	REIN-LP	CR2E100 (6/04)
4. FEI Number 75-2861307		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Michael E. Jones  
Signature, typed or printed name of registered agent and title if applicable. Assistant Secretary

DATE 11/5/04

9. Capital Contributions as Shown on record. \$50,490.00	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	F00000000913
NAME	USP HOLDING, INC.
STREET ADDRESS	2300 VALLEY VIEW LANE STE 300
CITY-ST-ZIP	IRVING, TX 75062
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT** *of*

400043373214  
12/13/04--01034--017 \*\*999.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  R.B. Sasso

DATE: 11-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER