

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1999 AUG 30 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris, Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # M19562

1 Corporation Name
USA Corp.

Principal Place of Business Mailing Address
801 Brickell Ave SAME
Miami FL 33131

REINSTATEMENT 98-99.

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
				8/19/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-257-1184	
City & State		City & State		Applied For	
				Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVTS	DOUGLAS BAUMWALL	801 Brickell Ave. MIAMI FL 33131	MIAMI FL 33131
DCM	DOUGLAS BAUMWALL	801 Brickell Ave Miami FL 33131	MIAMI FL 33131
			100002977611--8 -09/02/99--01096--016 ***\$300.00 ***\$300.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOUGLAS BAUMWALL 801 BRICKELL AVE MIAMI FL 33131		Name DOUGLAS BAUMWALL Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33131	

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.
Signature of Registered Agent: *[Signature]* Date: 8/20/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. ? Yes No (See other side for information on intangible tax.)

12. 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]* Date: 8/20/99 (305) AD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 235 4444

CR2E081 (12/98)