

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 Nov 2 PM 3:46

DOCUMENT # M19562

1. Corporation Name

USA Corp.

2. Principal Office Address

c/o Collins & Collins Investments
801 Brickell Ave

Suite, Apt. #, etc.

937

City & State

Miami FL

Zip

33131-2900

Country

USA

3. Mailing Office Address

c/o Collins & Collins Investments
801 Brickell Ave

Suite, Apt. #, etc.

937

City & State

Miami FL

Zip

33131-2900

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/1985

5. FEI Number

59-257-1184

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

Douglas Baumwall

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

c/o Collins & Collins Investments 801 Brickell Ave #937

Suite, Apt. #, Etc.

937

City

MIAMI

State

FL

Zip Code

33131-2900

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

Douglas Baumwall

REGISTERED AGENT MUST SIGN

Date 10/27/00

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
PVT	Douglas Baumwall	801 Brickell Ave MIAMI FL 33131	MIAMI FL 33131
DCM	Douglas Baumwall	801 Brickell Ave MIAMI FL 33131	MIAMI FL 33131

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 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

10/27/00

Date

305 235 4411

Daytime Phone #