

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 30 PM 2:08

DOCUMENT # P02000015029

1. Corporation Name

USA MAINTENANCE, INC.

2. Principal Office Address

1963 NW 55<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7511 NW 21<sup>st</sup> St

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33063

Country

USA

City & State

Margate FL

Zip

33063

Country

USA

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified To Do Business in Florida

02/05/2002

5. FEI Number

01-0588273

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

ULYSSES L. LAYUN

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

7511 NW 21ST STREET

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

10/26/06

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
P/D	ULYSSES L. LAYUN	7511 NW 21ST ST	MARGATE, FL 33063

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10/30/06--01049--019 \*\*1200.00

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 contained in Chapter 119, 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

10/27/06

Daytime Phone #

561-347-2376