

Deposit 07-11-03 90046 046 \$550⁰⁰

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 29 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085674

1. Corporation Name

U.S. EXCHANGE, INC.

2. Principal Office Address

777 S. HOMESTEAD BLVD.

3. Mailing Office Address

777 S. HOMESTEAD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

Zip

33030

Country

MIAMI DADE

Zip

33030

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2002

5. FEI Number

82-0560489

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

BHUIYAN R. LUTFAR

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

777 S. HOMESTEAD BLVD.

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

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

Date 09/24/2003

REGISTERED AGENT MUST SIGN

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
PD	MOHAMMED D. KHAN	777 S. HOMESTEAD BLVD.	HOMESTEAD, FL 33030
STD	BHUIYAN R. LUTFAR	777 S. HOMESTEAD BLVD.	HOMESTEAD, FL 33030

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:

BHUIYAN R. LUTFAR

09/24/2003 305-248-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30

CR2E081 (10/02)