

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN -3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000014800

1. Corporation Name

US HWY 17, INC.

2. Principal Office Address - No P.O. Box #

1111 Holly Hill Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1111 Holly Hill Rd
Suite, Apt. #, etc.

City & State

Davenport, FL
City State

Zip Country
33837 USA

City & State

Davenport, FL
City State

Zip Country
33837 USA

CR2B081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

2/10/2011

5. FEI Number

27 4952553

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

U.S. NINETEEN, INC

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

1111 Holly Hill Rd

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33837

200260844242
06/03/14--01011--022 **900.00

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

Betty A. Pridgen, President
REGISTERED AGENT MUST SIGN

Date 5/29/14

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	BETTY A. Pridgen	1111 Holly Hill Rd	Davenport, FL 33837
VP	BETTY A. Pridgen	1111 Holly Hill Rd	Davenport, FL 33837
S	Betty A. Pridgen	1111 Holly Hill Rd	Davenport, FL 33837
T	Betty A. Pridgen	1111 Holly Hill Rd	Davenport, FL 33837

10. E-mail Address: ba.pridgen@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Betty A. Pridgen, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/14 863-224-7883
Date Daytime Phone #