PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JUN -2 AM 4:50 DOCÚMENT # 793000 002 554 1. Corporation Name SECRETARY OF STATE TALLAMASSEE, FLORIDA INCOME TAX U.S. A. INC. Principal Place of Business Mailing Address 10842 S.W. 142 Ct. 10842 SW 142 CT. MIAMI, FL 33186 MIRMI FL 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 Date Incorporated or Qualified To Do Business in Florida Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65 -0376923 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Ζiρ Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip SOSEPH L. ALAMO 10842 S.W. 142 CT. MIAMI, FL 33186 PST D 500002202855--4 -06/05/97--01059--007 ****915.00 ****915.00 REINSTATEMENT_96-97 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LOSEPH ALAMO Street Address (P.O. Box Number is Not Acceptable) 10842 SW 142 CT. Suite, Apt. #, Etc. State Zip Code FL 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 HEGISTERED AGENT MUST SIGN 11. Does this/corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. No on intangible tax.) Yes 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 filling 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. Warm Toseph FLAMO 5/1/97 (305)446-5000
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR