PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLI	CATION				
FOR					
201	UBR				



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

FILED

DIVISION OF CORPORATIONS			010CT 16 PH 3: 40			
DOCUMENT # P96000091240 1. Corporation Name						
·			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
WEALTHUSA, INC.			1 2			
Principal Place of Business Ma	iling Address		26			
				1 8112 B irki 88 111 88 111 98 111 88 1	II ININI KIRIN IIAN DIRN ANK INN	
20 S. DIXIE HWAY HTE 214 SOME 214						
CORAL CARLES FL 33146 CORAL PARILES FL 33146						
US.			70	I UB	R	
If above addresses are incorrect in any way, line through it 2. New Principal Office Address, If Applicable 3.	New Mailing Office Address, If A		Date Incorpor	rated or Qualified		
80 SW 8 Street 8	30 SW 8 St	reet	To Do Busin	ess in Florida	11/06/1996	
Suite, Apt. #, etc. 2000			5. FEI Number Applied For Not Applicable			
City & State City & State - Miami FC		_				
Zip Country Zip	Country	'SA	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporation	ons must list at lea	st 3 directors)			
		et Address of Each er and/or Director		City	// State / Zip	
PTD MORALES, OSVALDO R			Sute 2000	CORAL GABLES FL M(Rm!	33146 FC 33130	
VSD MORALES, CARY I	1320 S. DIXIE HWY 80 SW 8	1320 S. DIXIE HWY, SUITE 214 80 SW 8 St. Svite 2000		CORAL GABLES FL	33148 FC 33/30	
			20	000400	1000 0	
				<u>-10/31/01</u> -	16030 -01080016	
				****150.0	0 ****150.00	
			;			
8. Name and Address of Current Regist			9. Name and A	ddress of New Registe	red Agent	
AMERILAWYER CHARTERED		Name OSV	aldo		rales	
343 ALMERIA AVENUE		Street Address (P	.O. Box Number i		*	
CORAL GABLES FL 33134		Suite, Apt. #, Etc.				
	-	2000 City			State Zip Code	
		Miam	1		FL 33130	
10. I, being appointed the registered agent of the above nar Signature of Registered Agent	ned corporation, am familiar with	and accept the ob	ligations of Sectic	n 607.0505, F.S. Date /0-15	0/	
	RED AGENT MUST SIGN			Date / U		

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 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.

SIGNATURE:

REQUIDITATION R. Morcles 10-15-01 (305)662-1229

RE OF SIGNING OFFICER OR DIRECTOR

Date





New Jersey
One Marine Plaza
Suite 200
7700 River Road
North Bergen, NJ 07047
Phone: (201) 868-2822
Fax: (201) 868-2852

Florida
Brickell Bayview
Suite 2000
80 SW 8th Street
Miami, FL 33130
Phone: (305) 662-1229
Fax: (305) 908-7601

New York 45 Rockefeller Plaza Suite 2000 New York, NY 10111-1000 Phone: (212) 332-2013

Toll Free Telephone (800) 478-8219

Internet
Website:
www.wealthusa.com
E-Mail:
seminars@wealthusa.com



October 15, 2001

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

I am enclosing the application for reinstatement for WealthUSA, Inc., Document #P96000091240, along with a check in the amount of \$150.00.

Please accept this check as our annual fee, since we never received the original application.

Thanking you in advance for your cooperation, I remain,

Sincerely,

Osvaldo R. Morales