

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 591723

1. Corporation Name

Comp U.S., Inc.

2. Principal Office Address

3500 N. State Road 7

Suite, Apt. #, etc.

Suite 30

City & State

Lauderdale Lakes, FL

Zip
33319

Country
US

3. Mailing Office Address

1300 N. Semoran Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32807

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/1991

5. FEI Number

65-0293285

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Thomas L. Bittenbender

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

1300 N. Semoran Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State

FL

Zip Code

32807

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***900.00 ***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

[Signature]

REGISTERED AGENT MUST SIGN

Date March 12, 2001

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 | Thomas L. Bittenbender | 1300 N. Semoran Blvd., Suite 200 | Orlando, FL 32807 |
| V/S/T/D | Jackie Janowiak | 1300 N. Semoran Blvd., Suite 200 | Orlando, FL 32807 |
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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:

[Signature]

Thomas L. Bittenbender

March 12, 2001

407-382-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)