CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8: 35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 404448

1. Corporation Name

PAYDIRT USA, INC.

REINSTATEMENT 02-03

1 0 0 0 2 5 2 5 9 7 9 1
12/05/03--01053--032 **900.00

2. Principal Office Address	3. Mailing Office Address
3050 SE DIXIE HWY	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State STUART, FL	City & State
Zip 34997	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida   7/5/1972

5. FEI Number 59-1413673   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
JAMES K. SCHWARZ

Street Address (P.O. Box Number is Not Acceptable)
3050 SE DIXIE HWY

Suite, Apt. #, Etc.

City STUART,	State FL	Zip Code 335 34997

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 _JAMES K SCHWARZ POW_   Date _12-4-03_
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
P	SCHWARZ, JAMES K.	3050 SE DIXIE HWY	STUART/FL/34997

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: _JAMES K SCHWARZ By Ralph W Wilkerson_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #