


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION**  
*Office*  
**REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV -7 PM 2:48

**DOCUMENT # F00000000102**

1. Corporation Name  
**U.S.A. HIGH TECH CORP.**

Principal Place of Business	Mailing Address
216 N. COUNTRY CLUB BLVD. BOCA RATON FL 33487	P.O. BOX 1090 BOCA RATON FL 33429

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/04/2000
5. FEI Number	22-3079329
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CVCP	PEREZ, HERMAN	216 N. COUNTRY CLUB BLVD.	BOCA RATON FL 33487

500004700605-6  
-11/30/01--01055--018  
\*\*\*\*163.75 \*\*\*\*163.75

*Handwritten signature*  
11/1/28

8. Name and Address of Current Registered Agent

**PEREZ, HERMAN**  
216 N. COUNTRY CLUB BLVD.  
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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., 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 of Herman Perez* **Heroman Perez** **11-1-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

# USA HIGH TECH

216 N. COUNTRY CLUB BLV , BOCA RATON FLORIDA 33487  
TEL. 1 561 988 7494  
FAX. 1-561 988-7495

November 1, 2001

TO: Mrs.  
Katherine Harris  
Secretary of State  
Div of corporations

With the present I am communicating that my small company send in the month of April day 25 the uniform business report 2001. Photocopy of the form and check left for our record is enclosed to you department y call the Bank and the check is was not charged by the State ,May be the correspondence never arrive to its destination, I regretting this this contingency.

I am minority and I not sale o have employees in the state, alone I have it with ends of address in my house as reference, for work in South America, and we are passing with economic problems in the area,

Its very difficult for my to pay this fine o ticket, I don't respond to you department before because I was in South America for the last three months

I request to you opportunity so that the department accepts me the original value fee please

Thanks You

  
Herman Perez  
cvcp