

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
Office
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000000102

1. Corporation Name

U.S.A. HIGH TECH CORP.

Principal Place of Business

216 N. COUNTRY CLUB BLVD.
BOCA RATON FL 33487

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

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 ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CVCP	PEREZ, HERMAN	216 N. COUNTRY CLUB BLVD.	BOCA RATON FL 33487

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

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

REGISTERED AGENT MUST SIGN

Date

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:

Herman Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-2001

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