PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F13000001657

1. Corporation Name

UNITED STATES INFORMATION SYSTEMS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
35 WEST JEFFERSON AVE	35 WEST JEFFERSON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEARL RIVER, NY	City & State: PEARL RIVER, NY
Zip: 10965 County:	Zip: 10965 County:

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 4/16/2016

5. FEI Number: 13-3479936 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.:

City: Plantation, State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Michael Scraphin Asst. Secretary Date: 7/28/2017

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
CP	LAGANA, MICHAEL P	35 WEST JEFFERSON AVE	PEARL RIVER, NY 10965
TD	LAGANA, JOHN R	35 WEST JEFFERSON AVE	PEARL RIVER, NY 10965
SD	LAGANA, ROBERT S	35 WEST JEFFERSON AVE	PEARL RIVER, NY 10965

10. E-mail Address: KEITHBOSCHETTI@USIS.NET
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Robert S. LAGAN 7/28/17 845-358-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL016 - 05/17/2013 Wolters Kluwer Online

T HENDERSON
JUL 31 2017

Florida Department of State
Division of Corporations
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Division of Corporations
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UNITED STATES INFORMATION SYSTEMS, INC.

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