


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F98000002225**

1. Corporation Name

USA MANAGEMENT & CONSULTING, INC.

Principal Place of Business

Mailing Address

~~4500 EXECUTIVE DRIVE~~
~~SUITE 110~~
~~NAPLES FL 34110~~

~~4500 EXECUTIVE DRIVE~~
~~SUITE 110~~
~~NAPLES FL 34119~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7762 JEWEL LANE
Suite, Apt. #, etc. **201**

City & State
NAPLES, FL

Zip **34109** Country **USA**

3. New Mailing Office Address, If Applicable

7762 JEWEL LANE
Suite, Apt. #, etc. **201**

City & State
NAPLES, FL

Zip **34109** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1998

5. FEI Number

65-0821101

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHANDLAR, MICHAEL	7762 JEWEL LANE	NAPLES FL 34109

8. Name and Address of Current Registered Agent

CHANDLAR, MICHAEL
7762 JEWEL AVE
NAPLES FL 34109

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

10-30-01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-01

Daytime Phone #

941-593-3823

CR2E040 (8/01)

USA MANAGEMENT & CONSULTING INC.

1313 N Market Street
Wilmington, DE 19801
302-575-0440

7762 Jewel Lane Suite 201
Naples, FL 34109
941-250-3645
941-593-3833

2299 NW 62nd Drive
Boca Raton, FL 33496
561-212-2333

To Who It May Concern:

Original filing papers never got to me, only found out they hadn't been filed upon receipt of form stating my corporation has been dissolved. Originals either lost in mail or not forwarded to me from previous address. Your agent at 850-245-6059 told me to download form and mail it with explanation and \$150.00 check. Appreciate your assistance and co-operation as my company is still doing business.

I am .

Sincerely
Michael Chandler, Pres