


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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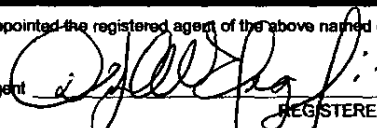
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

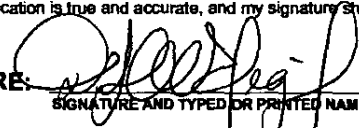
<b>CORPORATION</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G80761</b> 1. Corporation Name <b>U.S. Overseas Assurance Ltd., Inc.</b>	
2. Principal Office Address <b>10780 S.W. 190th Street</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>10780 S.W. 190th Street</b> Suite, Apt. #, etc.
City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33157</b>	Country <b>U.S.A.</b>

4. Date incorporated or Qualified To Do Business in Florida <b>01/12/1984</b>	
5. FEI Number <b>59-2379228</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>Dr. J. Al Esquivel Shuler</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10780 S.W. 190th Street</b>	
Suite, Apt. #, Etc.	
City <b>Miami,</b>	State <b>FL</b>
Zip Code <b>33157</b>	

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 	Date <b>May 01, 2003</b>
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
PCS	Dr. J. Al Esquivel Shuler	10780 S.W. 190th Street	Miami, Florida 33157
D	Dr. J. Al Esquivel Shuler	10780 S.W. 190th Street	Miami, Florida 33157
VD	Marlene Carrio	10780 S.W. 190th Street	Miami, Florida 33157
TS			
02-03 UBR			

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: 	Date <b>05/01/2003</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # <b>(305)238-0477</b>

CR2E081 (10/02)



*Phyger*

**Phoenix Worldwide Industries, Inc.**  
*The Synergism of Science, Engineering and Technology*

May 01, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Reinstatement for Eaton Industries, Document #G82429 & U.S. Overseas Assurance Ltd., Inc., Document #G80761**

Please find attached the Reinstatement for the above referenced Corporations. These were dissolved in 2002 for non-payment. The last annual reports we received for these two corporations was in 2001. I have attached copies of the letters I sent with a change of address dated January 31, 2002.

If you have any questions, or if you desire any additional information, please do not hesitate to call me at (305)238-0477.

Very truly yours,

Haydee Leknes

Administration Manager

**PHOENIX WORLDWIDE INDUSTRIES, INC.**

*The Synergism of Science, Engineering and Technology*

Cc: file