

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 DEC -8 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H21308

1. Corporation Name

BUSINESWARE U.S.A., INC.

2. Principal Office Address

160 SW 12th AVENUE

Suite, Apt. #, etc.

101A

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

US

3. Mailing Office Address

160 SW 12th AVE

Suite, Apt. #, etc.

101A

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1984

5. FEI Number

59-2458778

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

ALAN E. CHANEY

Street Address (P.O. Box Number is Not Acceptable)

160 SW 12th AVENUE

Suite, Apt. #, Etc.

101A

City

DEERFIELD BEACH

800003890948 -- 9

03/21/01 01095 013

***150.00 ***150.00

State
FL

Zip Code

33442

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

Alan E. Chaney
REGISTERED AGENT MUST SIGN

Date 12-5-00

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
DCP	ALAN E. CHANEY	160 SW 12th AVENUE	DEERFIELD BEACH, FL 33442

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:

Alan E. Chaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-00 954-481-2502

Daytime Phone #

CR2E081 (9/99)



galt

December 5, 2000

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

Gentlemen:

We are requesting that you waive the re-instatement fee, as we never received this year's renewal form as I had previously had it mailed to my home address.

Unfortunately, I moved to a new home in August of 1999 and the post office did not forward the year 2000 Renewal to my new address.

If you will check your records, you will easily see that we have never failed to file on time since our incorporation in 1984.

Thank you in advance for accepting our renewal fee of \$ 150.00.

Sincerely,

A handwritten signature in cursive script, reading 'Alan E. Chaney'.

Alan E. Chaney
President