

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 11 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K00955**

1. Corporation Name

U.S. CONSULTING & CONTRACTING, INC.

2. Principal Office Address

P.O. BOX 2430-1519

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32513

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/87

5. FEI Number

59-2855503

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

JULIUS J. ZSCHAU

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

911 CHESTNUT STREET

Suite, Apt. #, Etc.

City

CLEARWATER

900004324403-5

05/29/01-01010-014

***900.00 ***900.00

State
FL

Zip Code

33756

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

Julius J. Zschau

REGISTERED AGENT MUST SIGN

Date **4-18-01**

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
D	MONTINE BLEVINS	P.O. Box 2430-1519	PENSACOLA, FL 32513
D	GILBERT R. BLEVINS	P.O. Box 2430-1519	PENSACOLA, FL 32513

REINSTATEMENT 00-01 TS

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

G.R. Blevins

G.R. BLEVINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/01

Date

727-560-8323

Daytime Phone #