

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

Zip

Country

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

State
FL

Zip Code
33756

900004324403-5
05/29/01-01010-014
***900.00 ***900.00

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

Date 4-18-01

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
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, that all fees owed by the corporation have been paid and the names of individuals listed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *G.R. Blevins* G.R. BLEVINS Date 5/10/01 727-560-8323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)