

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
RESTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32540

1. Corporation Name

U.S. INVESTMENT, CORP.
10030 SW 40 ST.
MIAMI FL 33165

000009223690
11/26/02--01052--015 **750.00

000009223690
11/26/02--01052--016 **8.75

2. Principal Office Address

10030 SW 40 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33165

Country

DADE

3. Mailing Office Address

5661 SW 129 PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33183

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1988

5. FEI Number

650074414

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

JOSE PALMA

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

5661 SW 129 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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

Jose Palma

REGISTERED AGENT MUST SIGN

Date

11/22/02

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
PTSV	Jose Palma	5661 SW 129 PL	MIAMI-FL - 33183

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:

Jose Palma JOSE PALMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/02 (305) 302-2807

Daytime Phone #

CRZE081 (9/01)

To whom it may concern:

11/22/02

~~I am requesting to reinstate my corporation~~
Document#K32540. I am enclosing two (2) checks, one for the amount of \$750.00, and one for \$8.75 for certificate of status. I had a change of address in 1998 and I never received any reinstatement notices. I would appreciate if you could waive the penalty fee since I did not received the notices. My new mailing address is 5661 SW 129 Pl Miami Fl. 33183 Thank you very much .

Sincerely Yours:

Palma
Jose Palma.