12-02-'09 14:15 FROM- T-760 P002/002 F-550

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 9:45

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

DOCUMENT # L07000085138

700168267237

CR2E041 (11/09)

1. Limited Liability Company's Name
USSV Charges, LLC

08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2379 NE 8th Court	2379 NE 8th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33062 Country: USA	Zip: 33062 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/20/2007

6. FEI Number: 26-0778417 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: Morris Law Group

Street Address (P.O. Box Number is Not Acceptable): 7000 W. Palmetto Park Rd

Suite, Apt. #, Etc.: Suite 205

City: Boca Raton State: FL Zip Code: 33433

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 12/2/09

REGISTERED AGENT MUST SIGN Stuart R. Morris, Pres.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Loretta Spata	7272 Market Street	Mackinac Island, MI 49757
MGR	Josephine Wetherington	709 S.W. 20th Terrace	Fort Lauderdale, FL 33312
	REINSTATEMENT 2008-2009		

11. E-mail Address: _____
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Josephine Wetherington Date: 12-2-09 Daytime Phone #: 954-566-3348

Typed or printed name of signing Managing Member/Manager: Josephine Wetherington

CSC
CORPORATION SERVICE COMPANY

L07000085138

ACCOUNT NO. : I20000000195

REFERENCE : 205281 5132370

AUTHORIZATION :

COST LIMIT : $ 282.50

ORDER DATE : December 2, 2009

ORDER TIME : 4:0 PM

ORDER NO. : 205281-005

CUSTOMER NO: 5132370

RECEIVED
09 DEC -2 PM 4:09
OFFICE OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: USSV CHANGES, LLC

XX__ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 9:45

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS _____