

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # L98000001824

1. Corporation Name

USCOMM, L.L.C.

BK
04

2. Principal Office Address
33 NE 2ND ST

Suite, Apt. #, etc.
SUITE 212

City & State
FT LAUDERDALE FL

Zip Country
33301 US

3. Mailing Office Address
33 NE 2ND ST

Suite, Apt. #, etc.
SUITE 212

City & State
FT LAUDERDALE FL

Zip Country
33301 US

800060784088
10/19/05--01071--001 **100.00

4. Date Incorporated or Qualified
To Do Business in Florida 09/14/1998

5. FEI Number 650875112

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
A1A REGISTERED AGENT INC.

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

Suite, Apt. #, Etc.
92 SADBERRY RD.

City
QUINCY

State Zip Code
FL 32351

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: *Paul Smith V.P.*
REGISTERED AGENT MUST SIGN

Date 10/13/2005

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 |
|--------|-----------------------------------|--|------------------------|
| MGRM | WELIN, MITCHELL | 33 NE 2ND ST SUITE 212 | FT LAUDERDALE FL 33301 |
| MGRM | CUNDY, JAY | 33 NE 2ND ST SUITE 212 | FT LAUDERDALE FL 33301 |
| MGRM | | | |
| MGRM | | | |
| | | | |
| | | | |

REINSTATEMENT 2004-2005

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 to 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: *[Signature]* MITCHELL WELIN, MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-05 954-760-9199
Date Daytime Phone #

FILED
05 OCT 14 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L98000001824

DATE: 10-11-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: USCOMM, L.L.C.
MITCHELL WELIN



FILED
05 OCT 14 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT FOR 2004
AND 2005.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 954-760-9199.

THANKS,



USCOMM, L.L.C.
MITCHELL WELIN