

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glendá E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 23 AM 10:16

DOCUMENT # **N02000009624**

1. Corporation Name

US INVESTOR CLUBS INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8647 HALL BLVD
LOXAHATCHEE FL 33470

8647 HALL BLVD
LOXAHATCHEE FL 33470



REINSTATEMENT 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/12/2002	
City & State		City & State		5. FEI Number	
Zip		Country		51-0493104	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BARRETT, THOMAS	8647 HALL BLVD	LOXAHATCHEE FL 33470
D	BARRETT, ANA	8647 HALL BLVD	LOXAHATCHEE FL 33470
D	WEBER, JACQUELINE	8647 HALL BLVD	LOXAHATCHEE FL 33470
			000025897860 12/31/03--01096--003 **245.00
			000025897860 03/09/04--01035--030 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRETT, THOMAS 8647 HALL BLVD LOXAHATCHEE FL 33470	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

3/19/04

11. 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:

Ana Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-03
Date

561-683-4622
Daytime Phone #

CP2E040 (7/03)