

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000003700

FILED  
Oct 08, 2013  
Secretary of State

**Entity Name:** U.S. VETERANS RESPONSE TEAM INC.

**Current Principal Place of Business:**

50 WEST DRIVE  
MELBOURNE, FL 329041074 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 236066  
COCOA, FL 329236066 US

**New Mailing Address:**

50 WEST DRIVE  
MELBOURNE, FL 329041074 US

**FEI Number:** 27-2445766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSE, ROBERT T  
50 WEST DRIVE  
MELBOURNE, FL 329041074 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT T ROSE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROSE, ROBERT T  
Address: 4526 RIVERMIST DR  
City-St-Zip: MELBOURNE, FL 32935

Title: PD  
Name: FOX, STEWART D  
Address: 2971 BARKWAY DRIVE  
City-St-Zip: COCOA, FL 32926

Title: D  
Name: BRADY, MIKE M  
Address: 6630 AREQUIPA RD  
City-St-Zip: COCOA, FL 32927

Title: SD  
Name: LEASE, BILL  
Address: 2830 CARRIBBEAN ISLE BLVD #302  
City-St-Zip: MELBOURNE, FL 32935

Title: TD  
Name: CRISTINA, ROSE  
Address: 4526 RIVERMIST DR  
City-St-Zip: MELBOURNE, FL 32935

Title: D  
Name: PACHECO, LOUIS A  
Address: 3056 QUINT DRIVE  
City-St-Zip: VIERA, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT T ROSE

PD

10/08/2013

Electronic Signature of Signing Officer or Director

Date