

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 DEC 10 PM 4:00

DOCUMENT # P00000023865

1. Corporation Name

U.S.A. SUPPLY, INC.

Principal Place of Business

Mailing Address

5460 NORTH STATE ROAD 7 #113
FT LAUDERDALE FL 33309

5460 NORTH STATE ROAD 7 #113
FT LAUDERDALE FL 33309

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/08/2000

5. FEI Number

65-0988454

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	GHASSEDI, SOO J	5460 NORTH STATE ROAD 7 #113	FT LAUDERDALE FL 33309

500004739655--6
-12/26/01--01090--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GHASSEDI, SOO J

5460 NORTH STATE ROAD 7 #113
FT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of Registered Agent

Date

10-30-01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Soo J. Ghassedi

10-30-01

954-735-9119

OR

561-964-0456

CR2E040 (8/01)

242

October 30, 2001

To The Department of State:

My name is Aro Ghassede, a small business owner. Company name is U.S.A. Supply Inc. This letter is to let you know that this is the first time that I've seen this thing called Annual Report. I recently started my company back in March 2000. I never received this last year and still really don't understand what this was until I saw my accountant. I would never disregard anything that I receive by the government, especially for my company. Please understand that this is the first time I've received this in the mail and I'm making a payment of \$150.00 as told by my accountant and to explain that I've never seen this before and to write to you and let you know that I'm paying it, but the original amount for I was never notified and the penalty is unjust. Thank you for your time and understanding. Obviously we won't have this problem in the future. If you need to contact me, please don't hesitate to call.

Sincerely,

Aro Ghassede
Soo J. Ghassede