## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000080901

Entity Name: FLORIDA USA REALTY, INC.

FILED Oct 06, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business:

5200 NEWBERRY RD

E-7

GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

5200 NEWBERRY RD

GAINESVILLE, FL 32607

FEI Number: 59-3048772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

WALDROP, RAMON A 507 NW 39TH RD 135

GAINESVILLE, FL 32607 US

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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 WALDROP, RAMON
 Name:
 WALDROP, RAMON A

 Address:
 507 NW 39TH RD APT 135
 Address:
 507 NW 39TH RD APT 135

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON A WALDROP P 10/06/2004