

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P000000080901
FLORIDA USA REALTY, INC
7408000051853

2. Principal Office Address - No P.O. Box #

118 N.W. 8 AVE.

Suite, Apt. #, etc.

A

3. Mailing Office Address

334 S.W. 62 BLVD.

Suite, Apt. #, etc.

3

City & State

GAINESVILLE, FL.

City & State

GAINESVILLE, FL.

Zip

32601

Country

USA

Zip

32607

Country

USA

7. Name and Address of Current Registered Agent

Name

RAMON A. WALDROP

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

334 S.W. 62 BLVD.

Suite, Apt. #, Etc.

3

City

GAINESVILLE

State

FL

Zip Code

32607

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

Ramon A. Waldrop

REGISTERED AGENT MUST SIGN

Date 11-10-08

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
PRES	RAMON A. WALDROP	334 S.W. 62 BLVD 3	GAINESVILLE, FL.

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 by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:

Ramon A. Waldrop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-08 352-5053571

Date

Daytime Phone #

08 DEC -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500138258105
11/25/08--01017--008 **163.75

REINSTATEMENT

07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

2

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

12/10