

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 000600680901

1. Corporation Name

Florida U.S.A. Realty, Inc.

700023668657
10/09/03--01064--005 ***1050.00

REINSTATEMENT 01-03

2. Principal Office Address 5200 Newberry RD Suite, Apt. #, etc. E-7 City & State Gainesville, FL Zip 32607		Country Alachua	
3. Mailing Office Address 5200 Newberry Rd Suite, Apt. #, etc. E-7 City & State Gainesville, FL Zip 32607		Country Alachua	

4. Date Incorporated or Qualified To Do Business in Florida August 1993	
5. FEI Number 59-3048772	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75. Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Ramon Waldrop	
Street Address (P.O. Box Number is Not Acceptable) 507 N.W. 39th RD Suite, Apt. #, Etc. 135	
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 Waldrop Date 10/06/03
REGISTERED AGENT MUST SIGN

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
P	Ramon Waldrop	507 N.W. 39th Rd Apt 135	Gainesville, FL32607

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 under section 118.07(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: Ramon Waldrop 10-06-03 352-378-3783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25061 (10/02)

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