

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000087657

1. Corporation Name

U.S.A. SPORTS BAR AND GRILL, INC.

Principal Place of Business

4655 HWY 90 E  
MARIANNA FL 32446

Mailing Address

~~4655 HWY 90 E~~  
~~MARIANNA FL 32446~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/15/2000

5. FEI Number

59-3673953

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	TAYLOR, NANCY	4655 HWY 90 E	MARIANNA FL 32446
DV	TAYLOR, GRADY	4655 HWY 90 E	MARIANNA FL 32446
D/S/T	EVERETT, FRANCES B	<del>4655 HWY 90 E</del> 188 Devon Dr.	MARIANNA FL 32446 Clearwater Fla. 33767
D/P	EVERETT, HENRY A	<del>4655 HWY 90 E</del> 188 Devon Dr.	MARIANNA FL 32446 Clearwater, Fla. 33767

8. Name and Address of Current Registered Agent

TAYLOR, NANCY  
4655 HWY 90 E  
MARIANNA FL 32446

9. Name and Address of New Registered Agent

Name

Frances B. Everett

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

188 Devon Drive

Suite, Apt. #, Etc.

Clearwater

State  
FL

Zip Code  
33767

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

*Frances B. Everett*

REGISTERED AGENT MUST SIGN

7000004961697--5

-02/20/02--01064--008

Date: 1/31/01 \*\*\*\*900.00

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:

*Frances B. Everett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

127-  
4614370

CR2E040 (8/01)