


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR -8 AM 10:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>0-000001/2305</u>					
1. Corporation Name USSERY CONSTRUCTION, INC.					
2. Principal Office Address 1344 Jarecki Ave.			3. Mailing Office Address 1344 Jarecki Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Holly Hill, Florida			City & State Holly Hill, Florida		
Zip 32117	Country Volusia	Zip 32117	Country Volusia	4. Date Incorporated or Qualified To Do Business in Florida Dec. 1, 2002	
5. FEI Number 59-3683907				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Michael B. Ussery					
Street Address (P.O. Box Number is Not Acceptable) 1344 Jarecki Ave.					
Suite, Apt. #, Etc.					
City Holly Hill				State FL	Zip Code 32117
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 <u>See below</u> REGISTERED AGENT MUST SIGN Date _____					
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/S/T/C	Michael B. Ussery	1344 Jarecki Ave.		Holly Hill, Fl. 32117	
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 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: <u>Michael B. Ussery</u> MECHAE B. USSERY 4-1-04 (386) 299-6453					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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