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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV 21 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000004085

1. Corporation Name

INCORPORATE USA, INC.

2. Principal Office Address

3150 SANDY RIDGE DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 7902

Suite, Apt. #, etc.

City &amp; State

CLEARWATER, FL

City &amp; State

CLEARWATER, FL

Zip  
33761Country  
USAZip  
33758Country  
USA4. Date Incorporated or Qualified,  
To Do Business in Florida

1/2001

5. EEL Number

59-3689303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

JOHN F. MARTIN

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

3150 SANDY RIDGE DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

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

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
PS	JOHN F. MARTIN, SR	3150 SANDY RIDGE DR	CLEARWATER, FL 33761
VP,T	COLLEEN R. MARTIN	3150 SANDY RIDGE DR	CLEARWATER, FL 33761

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-01-06 727-4606132



Sean Litt

Dear Sean;

Thanks for all your help on these  
I'm still uncertain and concerned where  
the prior 3 submissions have gone

If you have any questions feel free  
to contact me @ ~~813~~ 727-460 6132

Happy Thanks giving  
Jaswanth