

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000013287

1. Entity Name
FASON USA, INC.



04 DEC 13 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



Principal Place of Business
3198 S US HWY #1
FORT PIERCE, FL 34982

Mailing Address
3198 S US HWY #1
FORT PIERCE, FL 34982

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11082004

REIN-P

CR2E098 (6/04)

4. FEI Number
65-1082731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYSHON, LOUISE G
3198 S US HWY #1
FORT PIERCE, FL 34982

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9 Dec 04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LYSHON, STEVEN
STREET ADDRESS 3198 S US HWY #1
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800042958898
11/23/04--01048--003 **750.00

TITLE D ☐ Delete
NAME BENCH, ROBERT
STREET ADDRESS 3198 S US HWY #1
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LYSHON, LOUISE
STREET ADDRESS 3198 S US HWY #1
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENCH, CAROLYN
STREET ADDRESS 3198 S US HWY #1
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/04

Date

Daytime Phone #