

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000040884**

1. Corporation Name

U.S. EAR, INC.

Principal Place of Business

P O BOX 490065
LEESBURG FL 34749

Mailing Address

P O BOX 490065
LEESBURG FL 34749

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2001

5. FEI Number

26-0033926

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 |
|---------------|---|--|-------------------------|
| D | SMITH, WAYNE | P O BOX 490065 | LEESBURG FL 34749 |
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02/05/03--01011--008 **150.00

8. Name and Address of Current Registered Agent

SMITH, WAYNE
412 W COCOA BEACH CSWY
COCOA BEACH FL 32931

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Jan 26 '03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 26 '03

U.S. Ear Inc.
PO Box 490065.
Leesburg, FL 34749
Phone (321) 784-2668

January 28, 2003

Division of Corporations
Department of State
PO Box 6327
Tallahassee, Florida 32314

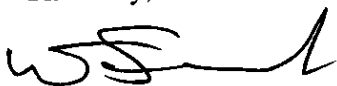
Dear Division of Corporations,

As per our conversation, please let this letter serve as notice that I did not receive the prior UBR notices.

Enclosed is my check and reinstatement form. Please let me know if anything else is needed.

Thanks very much.

Sincerely,



Wayne Smith
U.S. Ear Inc.