

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # P01000085793

02 NOV -6 PM 4:31

1. Corporation Name

USA KEYSTONE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008837093
11/06/02--01134--010 **150.00

Principal Place of Business

3325 NW 79TH AVENUE
MIAMI FL 33122

Mailing Address

3325 NW 79TH AVENUE
MIAMI FL 33122

2002
4BR



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

4. Date Incorporated or Qualified To Do Business in Florida

08/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3748626

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HERNANDEZ, ADALBERTO	11260 NW 48TH TERRACE	MIAMI FL 33178
VPD	CAJIGAS, RICARDO	8030 LOS PINOS CIRCLE	CORAL GABLES FL 33143

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, ADALBERTO
11260 N.W. 48TH TERRACE
MIAMI FL 33178

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR20040 (8/02)

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]
REGISTERED AGENT MUST SIGN

Date

10/29/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02

305-591-9944

Date

Daytime Phone #

20f2

USA KEYSTONE, INC.
3325 NW 79TH AVENUE
MIAMI, FLORIDA 33122-1015

Miami, October 29, 2002

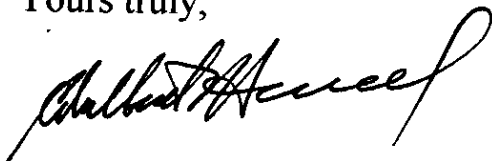
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir:

As per our telephone conversation, I am enclosing the only form I have receive in order to renew my corporation. As per your instructions I am enclosing this form with the original fee of \$150.00.

Next year I will be looking for this form between January & May.
Let me know by return mail if you need any other information.

Yours truly,



Adalberto Hernandez
President