


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
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| DOCUMENT # <u>P-0100101614</u> | | | |
| 1. Corporation Name <u>F.S. USA CORP.</u> | | | |
| 2. Principal Office Address <u>5470 E. BUSCH BLVD</u> Suite, Apt. #, etc. <u>UNIT 125</u> City & State <u>TAMPA FL</u> Zip <u>33617</u> Country <u>HILLSBOROUGH</u> | | 3. Mailing Office Address <u>5470 E. BUSCH BLVD.</u> Suite, Apt. #, etc. <u>UNIT 125</u> City & State <u>TAMPA FL</u> Zip <u>33617</u> Country <u>HILLSBOROUGH</u> | |
| 4. Date Incorporated or Qualified To Do Business in Florida <u>11-1-2001</u> | | 5. FEI Number <u>593751307</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 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 <u>MICHAEL RABBIT</u> Street Address (P.O. Box Number is Not Acceptable) <u>5470 E. BUSCH BLVD</u> Suite, Apt. #, Etc. <u>UNIT 125</u> City <u>TAMPA</u> State <u>FL</u> Zip Code <u>33617</u> 700061299507 11/09/05--01043--001 **1090.00 | | | |
| 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>[Signature]</u> Date <u>11-7-2005</u> REGISTERED AGENT MUST SIGN | | | |
| 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 |
| <u>PRES</u> <u>Treas</u> <u>SECRET</u> | <u>MICHAEL RABBIT</u> | <u>5470 E. BUSCH BLVD</u> | <u>TAMPA FL 33617</u> |
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| 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>11-7-2005</u> Daytime Phone # <u>813 985 2761</u> | |