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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000046174</u> 1. Corporation Name: <u>USA AND International Centers, Inc.</u> <u>21 HOWARD DRIVE NW</u> <u>LARGO, FL. 33770</u>			
2. Principal Office Address: <u>21 HOWARD DRIVE NW</u> Suite, Apt. #, etc.		3. Mailing Office Address: <u>SAME</u> Suite, Apt. #, etc.	
City & State: <u>LARGO, FL.</u>		City & State:	
Zip: <u>33770</u>	Country: <u>USA</u>	Zip:	Country:
4. Date Incorporated or Qualified To Do Business in Florida: <u>APRIL 25, 2002</u>		5. FEI Number: <u>050552904</u>	
6. CERTIFICATE OF STATUS DESIRED ☐		2b.75 Additional fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: <u>CORPORATION SERVICE COMPANY</u>			
Street Address (P.O. Box Number is Not Acceptable): <u>1201 HAYS STREET</u>			
Suite, Apt. #, Etc.:			
City: <u>TALLAHASSEE</u>		State: <u>FL</u>	Zip Code: <u>32301</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.			
Signature of Registered Agent: <u>Gynthia K. Harris</u>		Date: <u>7/27/05</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)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<u>Joseph S. BARNES</u>	<u>21 HOWARD DRIVE</u>	<u>LARGO, FL. 33770</u>
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)(f), 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>Joseph S. Barnes</u> <u>Joseph S. Barnes</u> <u>7/27/05</u>			

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

U.S.A. AND INTERNATIONAL CHARTERS, INC.

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