

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051493

1. Corporation Name

IN FOCUS U.S.A., INC.

Principal Place of Business

Mailing Address

4049 MOORES LAKE ROAD
DOVER FL 33527

4049 MOORES LAKE ROAD
DOVER FL 33527

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

13295 US HWY 92 EAST
Suite, Apt. #, etc.

PO BOX 9
Suite, Apt. #, etc.

UNIT C
City & State
Dover, FL

City & State
Dover

Zip
33527

Country
Hills.

Zip
FL

Country
33527



REINSTATEMENT 03

08/14/03 90071 017 \$550.00

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/2002

5. FEI Number

300075983

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres.	CAROL WORTH	4049 MOORES LAKE RD	Dover, FL 33527
Treas.	Rachel Dorey	4049 MOORES LAKE RD	Dover, FL 33527

8. Name and Address of Current Registered Agent

FORD, BUDDY D ESQ.
115 N. MACDILL AVENUE
TAMPA FL 33609

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

Date

11-1-3

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-3 8133905237

CR2E040 (7/03)



PO Box 9
Dover, FL 33527
Tel: 813-849-2282
Fax: 813-849-2485
Cell: 813-390-5237

Friday, November 07, 2003

To Whom It May Concern:

Please, reconsider the dissolution of In Focus USA. We received a notice in September requesting more information on our U.B.R.. We had not filled it out completely. We sent the report back via regular mail, but recently received notification of dissolution. We are unsure why our response was not received, but upon calling your office they explained we should send a letter of explanation. Please, except this response. If you have any further questions please call.

Best wishes,

Rachel Doney