

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

DOCUMENT # P02000068935

1. Corporation Name

ALL USA PURCHASING, INC.

2. Principal Office Address

3925 SW 148 Terrace

Suite, Apt. #, etc.

City & State

MIRAMAR

Zip

33027

Country

USA

3. Mailing Office Address

3925 SW 148 Terrace

Suite, Apt. #, etc.

City & State

MIRAMAR

Zip

33027

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/2002

5. FEI Number

48-1265528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDITH CRAFT

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

3925 SW 148 Terrace

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/04

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 |
|--------|--------------------------------------|---|--------------------|
| P | JUDITH CRAFT | 3925 SW 148 Terrace | MIRAMAR, FL 33027 |
| V | EDWARD JR. CRAFT | 3925 SW 148 Terrace | MIRAMAR, FL 33027 |
| | | | |
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06/17/04--01047--004 **158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

(954) 270-8730

Daytime Phone #

CR2E081 (10/02)