

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 DEC 15 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000075273**

1. Corporation Name

LISUSS, INC.

Principal Place of Business

Mailing Address

7147 OLD KINGS ROAD, SOUTH
 #85
 JACKSONVILLE FL 32217

7147 OLD KINGS ROAD, SOUTH
 #85
 JACKSONVILLE FL 32217



REINSTATEMENT 03

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

07/09/2002

Suite, Apt. #, etc. **109**

Suite, Apt. #, etc. **109**

5. FEI Number

42-1574757

Applied For

City & State

City & State

Not Applicable

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
D	SHTJEFNI, LODOVIK	7147 OLD KINGS ROAD, SOUTH #85 109	JACKSONVILLE FL 32217
			500025503875 12/15/03--01036--005 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAY, THOMAS R
 1 INDEPENDENT DRIVE
 SUITE 2301
 JACKSONVILLE FL 32202

Name **JAY GARRARD**
 Street Address (P.O. Box Number is Not Acceptable)
6828 ST AUGUSTINE RD
 Suite, Apt #, Etc.
 City **JACKSONVILLE** State **FL** Zip Code **32217**

CR2E040 (7/03)

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 Date **12/11/03**
 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. **\$758.75**

SIGNATURE: Date **12/11/03** Daytime Phone # **904 742 1024**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR