

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107929

1. Corporation Name

ISRAEL - USA CONNECTIONS, INC.

Principal Place of Business

Mailing Address

5201 TAVEL STREET
ORLANDO FL 32821

5201 TAVEL STREET
ORLANDO FL 32821



900023881729
10/17/03--01030--023 **150.00

83

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

10/07/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2382322

Applied For

Not Applicable

City & State

City & State

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
PTD VAT	AVNI, ILAN	5201 TAVEL STREET	ORLANDO FL 32821
VPS PS	AVNI, DORA	5201 TAVEL STREET	ORLANDO FL 32821

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVNI, ILAN
5201 TAVEL STREET
ORLANDO FL 32821

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]
REGISTERED AGENT MUST SIGN

Date 10-13-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

CR2E040 (7/03)

2012



October 14, 2003

Dear Sirs,

We have received your notice of administrative dissolution or revocation with great surprise.

This notice is the first correspondent that has ever been received from your office.

No other notices have ever been received regarding filling of any corporation annual report/ uniform business report or any other matters.

This is the first time that we have formed a company and was unaware that in order to maintain an "active" status we must file in a timely manner with the Department of State a corporation annual report/ uniform business report.

I therefore ask for your consideration, requesting you reinstate us without a penalty.

I am attaching to this letter the report with a check for \$150.00.

Respectfully yours,

Elan Avni, C.E.O

5201 TAVEL STREET ORLANDO, FL. 32821

TEL: 407-226-9066 FAX: 407-370-2979

E-MAIL: isusconn@hotmail.com

E-MAIL: EA814@AOL.COM