

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-02000132389

1. Corporation Name

U.S.S. Mothership Inc.

REINSTATEMENT 03-04

2. Principal Office Address

672 Brent Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32503

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-13-02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pamela O. Kimball

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

2431 Hwy 297A

Suite, Apt. #, Etc.

City

Cantonment

State

FL

Zip Code

32533

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

Pamela O. Kimball

REGISTERED AGENT MUST SIGN

Date 3-3-2004

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
<u>D</u>	<u>Pamela O. Kimball</u>	<u>672 Brent Lane</u>	<u>Pensacola, FL 32503</u>
<u>D</u>	<u>Diane L. Gregory</u>	<u>672 Brent Lane</u>	<u>Pensacola, FL 32503</u>
<u>D</u>	<u>Robert M. Kimball</u>	<u>672 Brent Lane</u>	<u>Pensacola, FL 32503</u>
<u>D</u>	<u>Richard Gregory</u>	<u>672 Brent Lane</u>	<u>Pensacola, FL 32503</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)(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:

Pamela O. Kimball

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela O. Kimball

3-3-04

Date

850 477 4449

Daytime Phone #

CR2E081 (01/04)