

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 26 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000006791

1. Corporation Name

USA Management Corporation

2. Principal Office Address - No P.O. Box #
251 174th Street

Suite, Apt. #, etc.
#1414

City & State
Sunny Isles Beach, Florida

Zip
33160

Country
Dade

3. Mailing Office Address
251 - 174th Street

Suite, Apt. #, etc.
#1414

City & State
Sunny Isles Beach, Florida

Zip
33160

Country
Dade

REINSTATEMENT 07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **01/16/2003**

5. FEI Number **470905725**

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
Leonard Greenberg

Street Address (P.O. Box Number is Not Acceptable)
251 174 Street

Suite, Apt. #, Etc.
#1414

City
Sunny Isles Beach

State
FL

Zip Code
33160

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Leonard Greenberg
REGISTERED AGENT MUST SIGN

Date **9/18/2007**

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
PD	Leonard Greenberg	251 174th Street #1414	Sunny Isles Beach, FL 33160

400109893214
09/25/07--01032--023 **150.00

\$79/27

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 contained in Chapter 119, 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:

Leonard Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Greenberg, President 9/20/2007

Date

305-933-5772

Daytime Phone #

USA Management Corporation

*251 174th Street #1414
Sunny Isles Beach, FL 33160
305-933-5772*

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

September 20, 2007

Enclosed please find our Reinstatement form and payment in the amount of \$150.00.

Please waive all late fees as we have not received any prior notices.

Our correct address is:

251 174th Street #1414
Sunny Isles Beach, FL 33160

Please send any future notices to this address.

Thank you,



Leonard Greenberg, President