

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 21 AM 8:54

DOCUMENT # P03000042927

1. Entity Name
CITIZEN USA INC.



Principal Place of Business
1155 BRICKELL BAY DRIVE
SUITE 2109
MIAMI, FL 33131

Mailing Address
1155 BRICKELL BAY DRIVE
SUITE 2109
MIAMI, FL 33131

REINSTATEMENT 04-05



2. Principal Place of Business
1155 BRICKELL BAY DRIVE
Suite, Apt. #, etc.
SUITE 1208

3. Mailing Address
1155 BRICKELL BAY DRIVE
Suite, Apt. #, etc.
SUITE 1208

01312005 REIN-P CR2E098 (6/04)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
54-2105966

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MYCKO, SUSAN M
1155 BRICKELL BAY DRIVE
SUITE 2109 #1208
MIAMI, FL 33131

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan M. Mycko

2-2-05

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MYCKO, SUSAN M
STREET ADDRESS 1155 BRICKELL BAY DRIVE SUITE 2109
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1155 BRICKELL BAY DR, SUITE 1208
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400047506144
03/01/05--01050--011 ***308.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan M. Mycko

SUSAN M. MYCKO 2-17-05

305-755-9202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #