

Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000074128

1. Corporation Name

Live Wayne USA, INC

W06 - 9727

64-06

2. Principal Office Address

4996 LAMBRIDGE CT

3. Mailing Office Address

4996 LAMBRIDGE CT

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 7 2003

5. FEI Number

200083860

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

WAYNE KLUMPER

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

4996 LAMBRIDGE CT

200074535802

05/14/06--01001--030 **450.00

Suite, Apt. #, Etc.

#101

City

PALM HARBOR

State

FL

Zip Code

34685

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

REGISTERED AGENT MUST SIGN

Date

2/20/06

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
P	WAYNE KLUMPER	4996 LAMBRIDGE CT #101	PALM HARBOR FL 34685

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:

WAYNE KLUMPER 2/20/06 686 9439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(127)

CR2E081 (8/05)

Pg 2 of 2

LiveWayne USA Inc.

4996 Lambridge Ct #101
Palm Harbor, Fl 34685
(727) 686 9439 (Cell)
(727) 773 2609 (Fax)

February, 22, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL, 32301

CORPORATION REINSTATEMENT

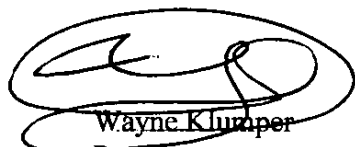
To whom it may concern,

Enclosed please find the application for reinstatement of LiveWayne USA Inc. I have never received the notification for the annual renewal and wish to reinstate the company as soon as possible.

I am requesting that the penalties be waived due to the fact that I have never received any renewal notifications and as advised I have enclosed a check for the amount of \$300.00.

Please could all future renewal notifications be mailed to the above address.

Thank you very much.


Wayne Klumper
President