

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 24 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000001539

1. Corporation Name

US GENERAL SERVICES INC

2. Principal Office Address - No P.O. Box #

3611 NE 14TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 51207

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH

City & State

LIGHTHOUSE POINT

Zip

33064

Country

USA

Zip

33074

Country

USA

900152401219
04/24/09--01043--003 **500.00

REINSTATEMENT 06-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida **01/04/2005**

5. FEI Number
20-2102016

☒ 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

PEREIRA, PATRICIA M.

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

3611 NE 14TH AVE

Suite, Apt. #, Etc.

City

POMPAÑO BEACH

State
FL

Zip Code
33064

☒ 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

Patricia M. Pereira
REGISTERED AGENT MUST SIGN

Date **04/12/09**

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	PATRICIA M PEREIRA	3611 NE 14TH AVE	POMPAÑO BEACH FL 33064

900152401219
04/24/09--01043--004 **200.00

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:

Patricia M Pereira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia M Pereira

Date

Daytime Phone #

04/12/09
7542444527