2207. FOR PROFIT CORPORATION REINSTATEMENT

KEINGTATEMENT								
DOCUMENT # P05000101252				THE WAY	FILED			
1. Entity Name								
FORD U.S. HOLDINGS, INC.					07 FEB -			
Principal Place of Business Mailing Address					SECHETAR TALLAHASS	Y OF ST	ATF	
590 SOUTH OAK AVENUE 590 SOUTH OAK AVENUE					[JALLAHASS	SEE, FLC	RIĐA	
			JS		•			
						IDIO IIDRI BUIG III)(188)	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			·					
	40 TOWER LAKE BLUD 410 TOWER LAKE			1D				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					708/H/62	10 arthag	
City & State City & State					4. FEI Number	TAUT.	pplied For	
	JES CITY	HAINES CI	7 4		20-31464	~ 	t Applicable	
Zip	Country		Country		5. Certificate of Status Desired	\$8.75 Add		
228A	-4 us	33844	u:	>		Fee Require	d	
6. Name and Address of Current Registered Agent Na					7. Name and Address of New Registered Agent			
CENTRAL FLORIDA VISA GROUP, INC.				DAVID FORD				
	TER LAKE ROAD		it Address ((P.O. Box Number is Not Acceptable)		Ì		
LAKELAND, FL 33803 410 TOWER LAKE BLUD								
To the second se						Zip Cod	В	
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 DUPLOS DAVID W FORD 1-3-2007								
SIGNATURE	Signature, typed or printed name of registered agent a			lgnature requi	red when reinstating) DATE	<u> </u>		
FILE NOW!!! FEE IS \$900.00 800088463078								
					02/16/070100401	4 **30		
10.	OFFICERS AND		11. TITLE	P	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME	FORD, DAVID W				D, DAVID W	Change	Addition	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				TOWER LAKE BLVO			
CITY-ST-ZIP	ORTHUMBERLA, UK NE 639EU				NES CITY, FL. 33844			
TITLE	VP IANUAE	Delete	TITLE NAME	AB		□ Change	☐ Addition	
NAME STREET ADDRESS	· ·				O, JANINE TOWER LAKE BLUD			
CITY-ST-ZIP	ORTHUMBERLA, UK NE 639EU				NES CITY, FL. 33844			
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS			•	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		△ Losicie	NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADORE	ss				
CITY-ST-ZIP			CITY-ST-ZIP	 -				
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRE	ss				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME Street address	ı		NAME STREET ADDRE					
CITY-ST-ZiP			CITY-ST-ZIP	»				
12. I hereby o	receitly that the information supplied with	this filing does not qualify for th	ne exemption	s contained	d in Chapter 119, Florida Statutes. I further cer	tify that the in	nformation	
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: <u>DLL FLORD</u> DAVID W FORD 2-3-2007 8638523634								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								

DAVID FORD 410 Tower Lake Blvd Haines City FL 33844 Phone # 863 852 3634

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Entity Name: FORD U.S. HOLDINGS INC.

Re: telephone conversation with Barbara Mitchell 1-2-2007

I am submitting corporation reinstatement form with a check for \$300 as instructed by your office agent Barbara Mitchell. This being in respect of never having received a renewal notice due to listed agent ceasing trade without my knowledge.

Sincerely, David Ford.