


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000161721		
1. Entity Name GLOVER USA, INC.		

Principal Place of Business 1425 TUSCAWILLA ROAD SUITE 125 WINTER SPRINGS, FL 32708	Mailing Address 1425 TUSCAWILLA ROAD SUITE 125 WINTER SPRINGS, FL 32708
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 DEC 19 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07
10/19/2007 REISSUED FOR 25098 (1/07)

4. FEI Number 20-4520918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, FERRY L CPA 406 GREUFORD LANE CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name: <u>Alison Glover</u> Street Address (P.O. Box Number is Not Acceptable): <u>4704 Fairweather Court</u> City: <u>Kissimmee</u> FL Zip Code: <u>34758</u>	
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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: X [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: X 16th Dec 07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, ALISON <input type="checkbox"/> Delete 1425 TUSCAWILLA ROAD WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900113276233 12/19/07--01038--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T GLOVER, TREVOR <input type="checkbox"/> Delete 1425 TUSCAWILLA ROAD WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: X 16th Dec 07 DAYTIME PHONE: X 407 749 8465