

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000167786

1. Entity Name
USA GROUND ZERO, INC.



FILED

08 JAN 22 PM 2:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1408 SW 22ND AVE
DELRAY BEACH, FL 33445 US

Mailing Address

P. O. BOX 329
DEERFIELD BEACH, FL 33443

2. Principal Place of Business - No P.O. Box #

7720 NW 56th WAY

3. Mailing Address

7720 NW 56th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUELA, NIVAL
1402 SW 22ND AVE
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
NUNES, JOSE

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

7720 NW 56th WAY

City
COCONUT CREEK

FL

Zip Code
33073

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

01/15/08

DATE

FILE NOW!!! FEE IS \$300.00

in accordance with S. 607.15(4)(a), F.S., this corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
DELANA, JOSEBAL ☒ Delete
STREET ADDRESS
P. O. BOX 329
CITY - ST - ZIP
DEERFIELD BEACH, FL 33443

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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STREET ADDRESS
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TITLE
NAME
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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
NUNES, JOSE ☐ Change ☒ Addition
STREET ADDRESS
7720 NW 56th WAY
CITY - ST - ZIP
COCONUT CREEK, FL 33073

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE NUNES

01/15/08

Date

(501) 516-4316

Daytime Phone #