

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 MAR 28 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # US AG 24 Inc

1. Corporation Name

P06000059078

300199541293  
03/28/11--01054--008 \*\*150.00

300199541293  
03/28/11--01054--007 \*\*150.00  
CR2E081 (11/10)

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

3001 Rocky Point Drive

Suite, Apt. #, etc.

2nd Floor

City & State

Tampa, FL

Zip

33607

Country

3. Mailing Office Address

3001 Rocky Point Drive

Suite, Apt. #, etc.

2nd Floor

City & State

Tampa, FL 33607

Zip

33607

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/26/2006

5. FEI Number

204876109

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

US 24 Group LLC

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

3001 Rocky Point Drive

Suite, Apt. #, Etc.

2nd Floor

City

Tampa,

State

FL

Zip Code

33607

300199541293  
03/28/11--01054--008 \*\*150.00

REINSTATEMENT

18-11 B 3/25/11

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

Date 04/01/2011

REGISTERED AGENT MUST SIGN

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
PCEO	Peter Harris	3001 Rocky Point Drive	Tampa, FL 33607
VP	Thomas Schneider	3001 Rocky Point Drive	Tampa, FL 33607
VP	Thomas Dean	3001 Rocky Point Drive	Tampa, FL 33607
VP	Manfred Schippel	3001 Rocky Point Drive	Tampa, FL 33607
VP	Bernd Lehmann	3001 Rocky Point Drive	Tampa, FL 33607
SEC	Susan Freytag	3001 Rocky Point Drive	Tampa, FL 33607

10. E-mail Address: info@usag24.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

04/01/2011 813.579.5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #