


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |   |   |                                |
|---|---|---|--------------------------------|
| <div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><b>CORPORATION<br/>REINSTATEMENT</b><br/><i>2010 AR</i></div><div style="text-align: center;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b><br/>Secretary of State<br/>DIVISION OF CORPORATIONS</div></div>   |   | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">10 APR 14 AM 8:47</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE<br/>TALLAHASSEE FLORIDA</div> <div style="margin-top: 20px; font-size: 1.2em; font-weight: bold;">500175820295</div> <div style="font-size: 0.8em;">04/14/10--01046--001 **150.00</div> <div style="font-size: 0.7em;">CR2E081 (11/09)</div> |                                |
| <b>DOCUMENT # P06000140467</b>  |   |   |                                |
| 1. Corporation Name<br><b>U.S.A.P.J.B. Inc.</b>   |   |   |                                |
| 2. Principal Office Address - No P.O. Box #<br><b>1249 E. Silver Thorn Loop</b><br><small>Suite, Apt. #, etc.</small>   | 3. Mailing Office Address<br><b>P.O. Box 640634</b><br><small>Suite, Apt. #, etc.</small> |   |                                |
| City & State<br><b>Hernando, FL</b>   | City & State<br><b>Beverly Hills, FL</b>  |   |                                |
| Zip<br><b>34464</b>   | Country<br><b>citrus</b>  |   |                                |
| Zip<br><b>34464</b>   | Country<br><b>Citrus</b>  |   |                                |
| 4. Date Incorporated or Qualified To Do Business in Florida   |   |   |                                |
| 5. FEI Number<br><b>74-2982273</b>  |   |   |                                |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status  |   |   |                                |
| 7. Name and Address of Current Registered Agent   |   |   |                                |
| Name<br><b>Deborah Rossfeld</b>   |   |   |                                |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1249 E. Silver Thorn Loop</b>  |   |   |                                |
| Suite, Apt. #, Etc.   |   |   |                                |
| City<br><b>Hernando, FL</b>   | State<br><b>FL</b>  |   |                                |
| Zip Code<br><b>34464</b>  |   |   |                                |
| 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 <i>Deborah Rossfeld</i> Date <b>4-12-10</b>   |   |   |                                |
| 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             |
| VP  | Deborah Rossfeld  | 1249 E. Silver Thorn Loop   | Hernando, FL                   |
| Sec   | Deborah Rossfeld  | 1249 E. Silver Thorn Loop   | Hernando, FL                   |
|   |   |   |                                |
|   |   |   |                                |
|   |   |   |                                |
| 10. E-mail Address: <b>wrossfeld.1@netzero.com</b>  |   |   |                                |
| <small>(To be used for future annual report notification)</small>   |   |   |                                |
| 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., 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. |   |   |                                |
| SIGNATURE: <i>Deborah Rossfeld</i>  |   | Date <b>4-12-10</b>   |                                |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date</small>   | <small>Daytime Phone #</small> |