

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT -1 PM 4:52

DOCUMENT # P07000040120

1. Corporation Name

USUAL, CORP.

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

6883 SPERONE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

US

3. Mailing Office Address

6883 SPERONE STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

US

REINSTATEMENT 08-09

4. Date Incorporated or Qualified  
To Do Business in Florida 03/29/2007

5. FEI Number

20-8866245

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  
JOSE A DELGADO

Street Address (P.O. Box Number is Not Acceptable)  
6883 SPERONE STREET

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32819

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 9/30/2009

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
P	JOSE A DELGADO	6883 SPERONE STREET	ORLANDO, FL 32819

500161253665  
10/02/09--01001--019 \*\*300.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

PRESIDENT

09/30/2009

321-303-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #