

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JAN 24 AM 11:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO7302**

1. Corporation Name

US Design & Construction East Corp

REINSTATEMENT

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

10963 Cullen RD

Suite, Apt. #, etc.

C102

City & State

Houston, TX

Zip

77066

Country

USA

3. Mailing Office Address

10963 Cullen RD

Suite, Apt. #, etc.

C102

City & State

Houston, TX

Zip

77066

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0163418

☐ 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

JAMES W. PIERCE

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

1950 RAYMOND DIEHL RD #316

Suite, Apt. #, Etc.

Suite 316

City

TALLAHASSEE

State

FL

Zip Code

32308

200243966142
01/24/13--01012--004 **500.00

200243966142
01/24/13--01012--005 **500.00

200243966142
01/24/13--01012--006 **200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-24-2013**

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	BARREILLELSON	10963 Cullen RD	Houston, TX 77066
C	CHARLES Sheffield	5510 Wester Ham	FLUSHER, TX 77441
S	JAMES PIERCE	5022 Knob Hill RD	AZLE, TX 76020

10. E-mail Address: **DLK@HRCCL.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-13

Daytime Phone #

[Signature]