

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P28696**

1. Corporation Name

UNITED SHOWS OF AMERICA, INC.

00 NOV-9 PM 12:41

Principal Place of Business

Mailing Address

2011 JOHNSON INDUSTRIAL DR.
PO BOX 4989-9
NOLENSVILLE TN 37195

900 EXPO DRIVE
2011 JOHNSON INDUSTRIAL DR.
PO BOX 1000-9
NOLENSVILLE TN 37195

SMYRNA, TN 37167

SMYRNA, TN 37167

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

900 EXPO DRIVE

P.O. BOX 9-900 EXPO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SMYRNA, TN

SMYRNA, TN

City & State

City & State

Zip

Country

Zip

Country

37167

USA

37167

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/23/1990

5. FEI Number

62-1401881

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
VP	BROWN, JAMES E	7000 CLOVERLAND DR	BRENTWOOD TN 37027
VD	DUBUISSON, LUCIE E	4006 ARMST WAY	SPRING HILL TN 37174
VP	GREGORY, JACKIE M	526 FRANKLIN RD	BRENTWOOD TN 37027
PD	GREGORY, DONALD L	526 FRANKLIN RD	BRENTWOOD TN 37027
VD	GREGORY, FAITH ANN	1302 S OAK DR	NASHVILLE TN 37211
VD	GREGORY, DANIEL A	111 WEST 9TH ST.	DURANGO CO 81302

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOEPKE, NANCY M
1256 LAKE WILLISARA CIR
ORLANDO FL 32806

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Nancy M Koepke
REGISTERED AGENT MUST SIGN

Date

11/07/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

AD

SIGNATURE:

Lucie E Dubuisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EXECUTIVE
VICE
PRESIDENT

Date

Daytime Phone #

11/07/00 615-462-3000