

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 1/19/99

99 JAN 19 PM 12:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P40532**

1. Corporation Name

US, INCORPORATED OF ALABAMA, INC

Principal Place of Business

Mailing Address

**6008 LUNDY RD
 THEODORE, AL 36582**

**6008 LUNDY RD
 THEODORE, AL 36582**

REINSTATEMENT 93 99

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

4. Date Incorporated or Qualified To Do Business in Florida

9/17/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-1056858

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Sec	JEANWINE BALTZ	1524 RIDGELAND RD WEST	Mobile, AL 36695
CEO/TRES.	WILLIAM D. BALTZ	1524 RIDGELAND RD WEST	Mobile, AL 36695

700002764737--2
 -02/04/99--01056--009
 ***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION
 c/o CT Corp Sys.
 1200 SO. PINE ISLAND RD
 PLANTATION, FL 33324**

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

Dale N. Morris

REGISTERED AGENT MUST SIGN

Date

1/7/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax)

12. 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.

SIGNATURE:

Jeanine Baltz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
 Date

334-653-1293
 Daytime Phone #

CR2E040 (12/96)