

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P93000019683**

1 Corporation Name

**U. S. H. & B CORP.**

FILED

96 DEC 18 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12130 US 41 S  
LOT 11  
GIBSTONTON FL 33534  
US

Mailing Address

12130 US 41 S  
LOT 11  
GIBSTONTON FL 33534  
US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/16/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0397465	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP/ST	WIENER, BART	1090 WILLIAMS ISLAND BLVD #1210 186 E 1ST STREET (308)	N MIAMI BEACH FL 33160 Tierra Verde, FL, 33715
DST	FICHNER, HOWARD Deceased	4800 N STATE RD 7	TAMARAC FL 33319

**REINSTATEMENT**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PERLOW, JEFFREY M 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		900002033509-8 -12/19/96-01032-003 ***375.00 to ***275.00 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

9/19/96

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BART WIENER

Oct 8, 1996 (813)-677-5726  
Date Daytime Phone #