

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -1 PM 4:00

DOCUMENT # P94 000010083

1. Corporation Name

Liberty USA Inc.

900005294469--2  
-04/19/02--01012--005  
\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address

332 Banana Patch Ct

3. Mailing Office Address

8433 Enterprise Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Osprey, FL

City & State

Bradenton, FL

Zip

34229

Country

USA

Zip

34202

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/1994

5. FEI Number

05-0740055

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

Richard W. Groner, Esquire

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

8433 Enterprise Circle

Suite, Apt. #, Etc.

Suite 200

City

Bradenton,

State  
FL

Zip Code

34202

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

3/26/2002

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
PR/D	Kay, Robert	332 Banana Patch Ct.	Osprey, FL 34229

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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KAY

3/26/2002

Date

941-

Daytime Phone #

CR2ED81 (9/01)