| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  |  |                                |   |  |  |
|--|--|--------------------------------|---|--|--|
| API  | PLICATION  | FLORIDA DEPAR                  | TMENT OF STATE                            | l e e e e e e e e e e e e e e e e e e e  |  |
| • •• •   | FOR Sandra B. Mortham  |                                |   | FILED<br>SECRETARY OF STATE  |  |
| REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS  |  |                                | SECRETARY OF STATE OFFICE OF CORPORATIONS |  |  |
| DOCUMENT # P94000036971  |  |                                |   | 99 OCT 13 PH 3: 42   |  |
| United Service Attendants, Inc.  |  |                                |   |  |  |
| W99000022909   |  |                                |   |  |  |
| Principal Place of Business Mailing Address  |  |                                |   | 1  |  |
| 265 Sunrise Ave 265 Sunrise Avenue Suite 204 Suite 204   |  |                                | renue                                     |  |  |
| Palm Beach, FL 33480 Palm Beach, FL 33480  |  |                                |   |  |  |
| If above a   | addresses are incorrect in any way, line thro  | ough incorrect information and | d enter correction below.                 |  |  |
| 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If A  |  |                                |   | Date Incorporated or Cualified     To Do Business in Florida     To Do Business in Florida   |  |
| Suite. Apt.  | #. etc   | Suite, Apt. #, etc.            |   | 5/11/94  5. FEI Number X Applied For   |  |
| City & State   | e .  | City & State                   |   | Not Applicable   |  |
| Ζφ   | Country  | Zip                            | Country                                   | CERTIFICATE OF STATUS DESIRED TO SEE A CONTROL OF SEC A CONTROL OF STATUS DESIRED TO SEE A CONTROL OF SEC A CONTR |  |
| 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 Street Address of Each  |                                |   |  |  |
| 1  |  |                                |   |  |  |
| S Donald F. Mintmire 265 Sunrise Avenue, Suite 204 Palm Beach, fL 33480  |  |                                |   |  |  |
|  |  |                                |   |  |  |
|  |  |                                |   | 6000030200368<br>-10/20/3301082008   |  |
| Ì  |  |                                | •   | ***1350.00 ***1350.00  |  |
|  |  |                                | as the time to \$ \$ \$ \$ \$             | acala  |  |
|  |  | 17.11                          |   |  |  |
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|  |  | <del></del>                    |   | \A \ .   |  |
|  |  |                                |   | 1/10/19  |  |
| Name and Address of Current Registered Agent     Name  |  |                                | Name                                      | 9. Name and Address of New Registered Agent  |  |
|  |  |                                |   | P.O. Box Number is Not Acceptable)   |  |
| Donald F. Mintmire   |  |                                |   |  |  |
| 203 Sullise Avenue, Suite 204  |  |                                | Suite, Apt. #, Etc.                       |  |  |
| Palm Beach, FL 33480   |  |                                | City                                      | State Zip Code   |  |
| 1) It being appointed the egistered agent of the above hamed comporation, am lamiliar with and accept the obligations of Section 607.0505, F.S.  |  |                                |   |  |  |
| Registered Agent REGISTERED AGENT MUST SIGN  Date 9-28-99  |  |                                |   |  |  |
| 11. This corporation owes or has paid the current year    Internation  |  |                                |   |  |  |
| Intangible Personal Property tax due June 30. Yes No 🖾 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 807 or 617. F.S. Hunther certify that when filing his reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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.   |  |                                |   |  |  |
| 1/ May > Months 9-28-99 54-822-5704  |  |                                |   |  |  |
| SIGNAT   | SIGNATURE: 100 - 1 |                                |   |  |  |

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