

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036971

1. Corporation Name

United Service Attendants, Inc.

2. Principal Office Address
265 Sunrise Avenue

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.

City & State
Palm Beach, Florida

City & State

Zip Country
33480 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/94

5. FEI Number
65-0950421

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
Donald F. Mintmire, Mintmire & Associates

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

Suite, Apt. #, Etc.
Suite 204

City
Palm Beach

State Zip Code
FL 33480

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

Donald F. Mintmire
Date 04/16/04
REGISTERED AGENT MUST SIGN

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
PSTD	William Wilson	265 Sunrise Avenue, Suite 204	Palm Beach, FL 33480

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04

Date

561-832-5697

Daytime Phone #

CP2E081 (01/04)