

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000044784**

1. Corporation Name

U.S. OPTIONS CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 PM 3:19

Principal Place of Business

Mailing Address

550 N.W. LE JEUNE RD.
SUITE 207
MIAMI, FL 33126
U.S.A

550 NW LE JEUNE RD.
SUITE 207
MIAMI, FL 33126
U.S.A

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/94

5. FEI Number

65-0691676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-99

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
President	Kent C. Jurney	550 NW Le Jeune Rd.	
Vice-President	Kent C. Jurney	Suite 207	Miami, FL 33126
Sec. Treasurer	Kent C. Jurney		

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****988.75 ****988.75

10/12

8. Name and Address of Current Registered Agent

Mr. Robert Silvers
1140 Kane Concourse
5th Floor
Bay Harbor Island

9. Name and Address of New Registered Agent

Name
Kent C. Jurney
Street Address (P.O. Box Number is Not Acceptable)
550 NW Le Jeune Rd
Suite, Apt. #, Etc.
Suite 207
City
Miami
State
FL
Zip Code
33126

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

REGISTERED AGENT MUST SIGN

Date October 18th, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 18th 1999

Daytime Phone #

CR2001 (12/98)