

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 # P94000046273

1. Corporation Name

U.S.A.P. ACQUISITION CORP.

97 OCT 29 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6602 EXECUTIVE PARK COURT NORTH #201
JACKSONVILLE, FLORIDA 33216

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 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

6/21/94

5. FEI Number

34-1484792

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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 |
|---------------|---|--|---|
| PD | GEbbie, JAMES M. | 2222 W. 110TH STREET | CLEVELAND, OHIO 44102-3512 |
| SD | GEbbie, RICHARD T. | 2222 W. 110TH STREET | CLEVELAND, OHIO 44102-3512 |
| D | HIBBS, RONALD H. | 2222 W. 110TH STREET | CLEVELAND, OHIO 44102-3512 |
| | | | 000002334410--4 -10/30/97--01108--003 ****758.75 ****758.75 |

8. Name and Address of Current Registered Agent

LOUIS T.M. CONTI
200 S. ORANGE AVE, SUITE 2600
ORLANDO, FL 32801

9. Name and Address of New Registered Agent

Name

Robert W. Morrison

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

105 East Robinson Street

Suite, Apt. #, Etc.

Suite 201

City

Orlando

State

FL

Zip Code

32801

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

Robert W. Morrison

REGISTERED AGENT MUST SIGN

Date

10/27/97

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.)

Returns Filed No TAX Due

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and all fees owed by the corporation have been paid. 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

James M. Gebbie Pres

Date

10-28-97

Daytime Phone #

216-251-2500