

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P94000053241

1. Corporation Name

USA COMPUTER TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

3930 SOUTH FLORIDA AVE.
LAKELAND FL 33803

3930 SOUTH FLORIDA AVE.
LAKELAND FL 33803

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

07/18/1994

5. FEI Number

59-3260011

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	ALVAREZ, SUSAN	4116 GLENGARY RD.	LAKELAND FL 33813-1116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PARKS, JOHN PAUL
% WENDEL CHERTON & PARKS CHARTERED
5900 SOUTH FLORIDA AVE.
LAKELAND FL 33813~~

Name
ARTHUR ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
3930 S. FLORIDA AVE
Suite, Apt. #, Etc.
City **LAKELAND** State **FL** Zip Code **33813-1116**

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

[Signature] **REQUIRED**

Date **11-18-98**

11. This corporation owes or has paid 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] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98 **941 648 4443**
Date Daytime Phone #

USA COMPUTER TECHNOLOGIES, INC.
3930 South Florida Avenue
Lakeland, Florida 33813

To whom it may concern:

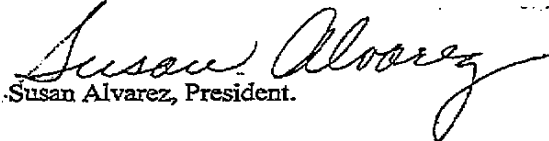
Please accept our check for \$150 to reinstate our Corporation.

We had not received any notices prior to this one.

Also note the Registered Agent has changed.

Please,

Thank you in advance


Susan Alvarez, President.