10/01/97 16:22 001

APPROVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT -3 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation DOCUMENT # P95000028386

U.S. CREDIT & COMMERCE, INC.
848 BRICKELL AVE., STE. 1015
MIAMI, FLORIDA 33145

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 04/11/95

5. FEI Number: 65-0590037

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SHAH, NAEEM H.	848 BRICKELL AVE.	MIAMI, FL 33131
VP	SHAH, ADRIANA M.	848 BRICKELL AVE.	MIAMI, FL 33131

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REINSTATEMENT

A. Atgar
10/3/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: ADRIANA M. SHAH

Street Address (Do NOT Use P.O. Box Number): 848 BRICKELL AVE., STE. 1015

Street Address (Do NOT Use P.O. Box Number)

City: MIAMI State: FL Zip: 33131

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: Adriana M. Shah Date: 10/02/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I certify that I am an officer or director of 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 that 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 of Officer or Director: Adriana M. Shah Date: 10/2/97 Daytime Phone: (305) 358-1661

Typed or printed name of signing officer or director