

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000050715*

1. Corporation Name

US Trade Association Inc

2. Principal Office Address
411 Andrews Ave.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

Zip Country
33483 USA

3. Mailing Office Address
411 Andrews Ave.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

Zip Country
33483 USA

REINSTATEMENT *98-05*

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/95

5. FEI Number
65-0591242

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
Jack Finn

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

Suite, Apt. #, Etc.

City
Delray Beach

State Zip Code
FL 33483

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Jack Finn	411 Andrews Ave.	Delray Beach, FL 33483

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

Jack Finn, President

04/26/2005

Date

561-886-3085

Daytime Phone #

CFR2081 (01/05)