Title(s) 2 STREAM Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 STREAM Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 STREAM Address of Each Officer and/or Director (Florida nonprofit corporation and the stream and Address of Each Officer and/or Director (Florida nonprofit corporation and the stream and Each P.D. BOX 1186 N/A ORMOND BEACH FL 32175 D FRANKS, RUSSELL P.D. BOX 1186 N/A ORMOND BEACH FL 32175 B D D D D D D D D D D D D D D D D D D		PLEASE R	EAD ALL INS	STRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
Secritary of State Corporation Name USSGREG MANAGEMENT CORPORATION PSSGREG MANAGEMENT CORPORATION PSIGNAP PSSGREG MANAGEME	APPLICATION FLO			LORIDA DEPARTMENT OF STATE		1		
POCUMENT # P95000058580 USSGREG MANAGEMENT CORPORATION Willing Address If MARGANGE GRADE IN MARGANGE GRADE P.D. BOX 1188 ORACOD BEACH FL 32175-1188 If above addresses are incorrect in any way, time through incorrect information and enter correction below. We Principal Office Address. If Applicables If above addresses are incorrect in any way, time through incorrect information and enter correction below. We Principal Office Address. If Applicables Suita, Apt. R. etc. Suita, Apt. R. etc. Suita, Apt. R. etc. Suita, Apt. R. etc. Country				· 1		FILED		
NAMOROVE CRADE P.O. BOX 1188 O'MAND BEACH FL 32175-1188			50000585		- Thomas		99 NOV 15 PM 12: 3	30
HARROROVE GRADE ALM COAST Ft. 32137 If above addresses are incorrect in eny way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Maring Office Address, If Applicable 3. New Maring Office Address, If Applicable 4. Determination of Country 4. Determination of Country 5. FEI Number 8. State 6. FEI Number 8. Sept. Applicable 7. Determination of Country 8. State 8. FEI Number 8. Sept. Applicable 8. FEI Number 8. Sept. Applicable 9. Country 1. Numes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Numes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Numes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Numes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. CERTIFICATE OF STATUS DESIRED 1. CERTIFICATE DESIRED 1. CERTIFICATE OF STATUS DESIRED 1. CERTIFICATE DESIRED 1. CERTIFICATE DESIRED 1. CERTIFICATE DESIRED 1. CERTIFICATE DESI	•		NT CORPOR	ATION			THE ASSESSION	E _A
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. FEI Number 50 S327551 Country 2p Country Country 2p Country 2p Country Country	rincipal f	Place of Business	Mailing A	ddress		1		
Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent P. D. BOX 1186 N/A P. D. BOX 1					1 110000			
Sulte, Apt #, etc. Sulte,						REINS		990
Applied For Not Applied For No						To Do Busin	orated or Qualified ness in Florida 07/28/	1995
Country Country Country Certificate of Status Desired Country								
Tritle(s) 2 Name of Officer's and/or Directors 3 Officer and/or Director 4 City / State / Zip DERIKSEN, GREGORY P.O. BOX 1166 N/A ORMOND BEACH FL 32175 DEFRANKS, RUSSELL P.O. BOX 1166 N/A ORMOND BEACH FL 32175 DEFR	Country Country		Zip	Zip Country		F		
Tide(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip D ERIKSEN, GREGORY P.O. BOX 1166 N/A ORMOND BEACH FL 32176 D FRANKS, RUSSELL P.O. BOX 1166 N/A ORMOND BEACH FL 32175 D FRANKS, RUSSELL P.O. BOX 1166 N/A ORMOND BEACH FL 32175 B D D D D D D D D D D D D D D D D D D	. Names							· · · · · · · · · · · · · · · · · · ·
P.O. BOX 1166 N/A P.O. BOX Numbers of New Registered Agent P.O. BOX Numbers of New Registered Agen	Title(s)	and/or Directors Of			reet Address of Eac floer and/or Directo	h r ·	City / State / 2	Zip
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Lordify 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 filling this reinstancent application, the reason for dissolution has been eliminated, the corporate name astisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees over 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)(1), 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 certify.	D	ERIKSEN, GREGORY P.O. E			O. BOX 1166 N/A		ORMOND BEACH FL 32175	
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Suite: Apt. #, Etc. City OCMOIND REGISTERED AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application is provided for in chapter 607 or 617, F.S. I further certify that when filling 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)(1), 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 ceth.	D	FRANKS, RUSSELL	P.O. BOX 1166 N	P.O. BOX 1166 N/A		ORMOND BEACH FL 32175		
8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Suite: Apt. #, Etc. City OCMOIND REGISTERED AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application is provided for in chapter 607 or 617, F.S. I further certify that when filling 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)(1), 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 ceth.								
8. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 City City						80	00030635 -12/07/390109	785 3023
CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Site Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City OCMIND SCH FL 32176 City OCMIND SCH FL 32176 City OCMIND SCH FL 32176 11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under certify.							**** (20, 00**	**(50.00
CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Site Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City OCMIND SCH FL 32176 City OCMIND SCH FL 32176 City OCMIND SCH FL 32176 11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under certify.					.			
4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Suite, Apt. #, Etc. City OCMAND 3CH FL 32176 City								
PALM COAST FL 32137 Suite, Apt. #, Etc. City OCMOND BCH FL 32176 October FL 321	·							
City OCMAND 8CH, FL 32176 10. 1, being appointed the registered agent of the above harded corporation and familiar with and accept the obligations of Section 607.0505, F.S. Integrature of Registered Agent Registered Registered Agent Registered Registered Agent Registered Registe						JOHN!	HUDERSON UK.	
REGISTERED AGENT MUST SIGN 11. 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 filling 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 ceth.					I DOME	ND BCH	, IFLIÁ	32176
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)(1), 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.	ignature	01	ilit=	EREQ L		obligations of Sect	11 1.00	
	this re owed	instatement application, the reaso by the corporation have been paid	n for dissolution has b and the names of inc	een eliminated, the corp- lividuals listed on this fol	orate name satisfie: rm do not qualify fo	the requirements an exemption un	of section 607.0401 or 617.0401, I der section 119.07(3)(I), F.S. The in	F.S., that all fees

0002300 AF