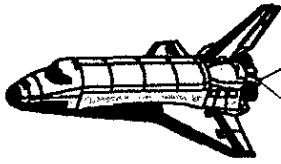


Page 2 of 2
Attachment



HIGH TECH ENTERTAINMENT, INC.

P. O. Box 2214
Lutz, FL 33548

813-975-0453

Nationwide Paging 1-888-375-5577

Professional Sound and Lighting Design and Installation

March 15, 2000

Michelle Milligan
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms Milligan,

I hope we can finally clear up this mess that has been going on for over a year. I hope you remember our telephone conversation of a couple of weeks ago. This started when I put the wrong P. O. Box on the original filling. I did not receive correspondence from your office and the change of address could not be made without the filling. The fillings I have sent up have been returned with the money orders I sent. I have checked at the post office and the box number that was on the account is one for a long time postal employee and they insist any correspondence would have been returned to your office. Please check one more time if you don't mind to see if the money is there. It has been sent twice. In any event as per your instructions I am enclosing an original form with two years fees. Hope High Tech Entertainment is back on track.

Sincerely,

A handwritten signature consisting of a large, stylized 'D' followed by a horizontal line.

Donald House, Jr.
President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36615

1. Corporation Name

U.S.A. ACTIONWEAR, INC.

Principal Place of Business

Mailing Address

613 FERN AVE.
HOLLY HILL FL 32117
US

Dale J. Abbott, CPA
555 West Granada Boulevard
Suite G-10
Ormond Beach, FL 32174-9409

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2481841

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VOLA, CHARLES M	2385 GUAVA DR	DAYTONA BEACH FL
VP	VOLA, CESARE M.	970 SAMMS AVE.	PORT ORANGE FL
D	VOLA, CINDY W	2385 GUAVA DRIVE	DAYTONA BEACH FL

900003196099--1

04/04/00-01103-006

***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VOLA, CHARLES
615 FERN ST
HOLLY HILL FL 32017

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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]
REGISTERED AGENT MUST SIGN

Date

3/21/00

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 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

3/21/00

Date

Daytime Phone #

FILED

00 MAR 24 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



pg. 1 of 2

Attachment

CR2E040 (8/99)

pg 2062
Attachment

USA ACTIONWEAR, INC.
613 Fern Avenue
Holly Hill, Fl. 32117

Division of Corporations
Annual Corporate Reporting
P. O. Box 6327
Tallahassee, FL. 32314

RE: Document # H36615
REINSTATEMENT

Dear Division:

Enclosed you will find a check in the amount of \$300.00 to cover the filing fees for the year 1999. I did NOT receive the forms for that year, and , therefore did not file the required returns. At that time, my mail was delivered to an outside area that turned out not to be secure. Subsequently to that time, the location has changed and my mail is being timely received.

I am requesting you waive all penalties as the failure to file was clearly not my fault. I have been an active corporation since 1984 and have always complied with the filing requirement. I have also change the mailing address so all future reports will be sent to my accountant.

I have also enclosed the 2000 Uniform Business Report (UBR) with an enclosed check for \$150.00.

I sincerely appreciate your consideration in this matter and that you will reinstate my corporation.

Very truly yours,



Mr. Charles Vola
President

cc: Dale J. Abbott, CPA

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999+2000 AIC

APPROVED
AND
FILED

Page 1 of 2
Attachment

00 MAR 24 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000075499

1. Corporation Name
High Tech Entertainment Inc

Principal Place of Business

Mailing Address

P.O. Box 2214
Lutz, FL 33548

2. Principal Place of Business

2a. Mailing Address

26 P.O. Box 2214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

25

Zip

Country

29 33548 30

9. Name and Address of Current Registered Agent

Donald House, Jr
15408 E. Lake Burrell Dr
Lutz, FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-28-98

4. FEI Number

65-0860686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald House Jr President 03/500 839750453

Date

Daytime Phone #

CR2E034 (1/1/98)