

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 MAY 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DOCUMENT # P97000009719

1. Corporation Name

USA INDEPENDENCE mobile Home sale Inc

2. Principal Office Address

102 woodlawn Rd PO. 494

Suite, Apt. #, etc.

3. Mailing Office Address

PO. 494

Suite, Apt. #, etc.

City & State

SAN MATEO, FL 32187

Zip Country

32187 Putnam

City & State

SAN MATEO

Zip Country

32187 Putnam

4. Date Incorporated or Qualified To Do Business in Florida

1/27/97

5. FEI Number

59-3418676

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

JOHN T. GRAHAM

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

102 woodlawn Rd

Suite, Apt. #, Etc.

City

SAN MATEO

State

FL

Zip Code

32187

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

J T G

Date 5-30-02

REGISTERED AGENT MUST SIGN

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
P	ANGELA M GRAHAM	102 woodlawn Rd	SAN MATEO FL 32187
VP	JOHN T. GRAHAM	102 woodlawn Rd	SAN MATEO FL 32187

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****458.75 ****458.75

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:

J T G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

Date

Daytime Phone #

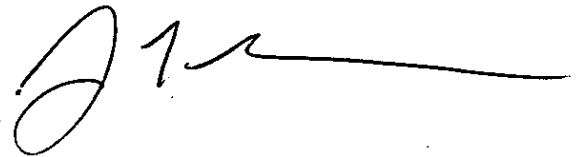
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965-4700

CR2E081 (9/01)

I JOHN T. GRAHAM

Did not RECEIVE my 2000 U.B.R.

for USA INDEPENDENCE MOBILEHOME SALE INC.

A handwritten signature, likely of John T. Graham, consisting of a stylized 'J' followed by a horizontal line.