

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 20 AM 10:50

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P97000030224

1. Corporation Name

USA VENTURES, INC.

2. Principal Office Address

3143 NE 14TH STREET

Suite, Apt. #, etc.

101

City & State

Ocala FL

Zip

34470

Country

USA

3. Mailing Office Address

3143 NE 14TH STREET

Suite, Apt. #, etc.

101

City & State

Ocala FL

Zip

34470

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1997

5. FEI Number

59-3440911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emerson J. Clauss III

400004457744-7

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

3365 SE 1st Ave.

07/10/01-01072-001

\*\*\*\*908.75 \*\*\*\*908.75

Suite, Apt. #, Etc.

N/A

City

Ocala

State

FL

Zip Code

34471

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

*E. J. Clauss III*  
REGISTERED AGENT MUST SIGN

Date 6/14/01

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.	Emerson J. Clauss III	3143 NE 14TH STREET	Ocala FL 34470

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:

*E. J. Clauss III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01  
Date

(352) 629-8922  
Daytime Phone #

CR2081 (3/00)