

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 13 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000044704*

1. Corporation Name

U.S. WPLL CORPORATION

2. Principal Office Address

537 Beachland Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2499

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32961

Country

US

Zip

32961-2499

Country

US

4. Date incorporated or Qualified
To Do Business in Florida

05.16.1997

5. FEI Number

86-1121112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

J. Roberts JUN 13 2005

7. Name and Address of Current Registered Agent

Name

R. Poul Heide

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

537 Beachland Blvd.

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32961-2499

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

R. Poul Heide

Date *06.10.05*

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
<i>P/D</i>	<i>R.P. HEIDE</i>	<i>537 Beachland Blvd.</i>	<i>Vero Beach, FL 32961</i>

800056164978
06/14/05--01071--010 **1050.00

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:

R. Poul Heide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.10.05

Date

321-454-6900

Daytime Phone #

CR2E081 (01/05)

PJ 2 of 2



06.10.05.

U.S. WALL

Building Systems

A HIGHER STANDARD FOR AMERICAN CONSTRUCTION

Mailing Address:
P.O. Box 2499
Vero Beach, Florida 32961-2499
Telephone (321) 454-6900
Fax (321) 454-6868
Info@uswall.com

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327.

Re: Reinstatement of U.S. WALL CORPORATION, Doc Number P97000044704.

Ladies and Gentlemen:

Thank you for your help and guidance during our phone conversation in regard to the reinstatement of U.S. WALL.

Enclosed please find the filled out request for reinstatement and a check in the amount of \$1,050.00.

We kindly request the late fee in the amount of \$600.00 to be waived. We had problems receiving mail at the address at the time and did not receive any notice in regard to the Annual Rapport filing. (99-05)

Very truly yours,

U.S. WALL CORPORATION

Enclosure as stated