

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 6:03

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000055095

1. Corporation Name

USLA CORP.

2. Principal Office Address

6047 Bahia de Lar Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 266

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33715

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/97

5. FEI Number

59-3465898

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

Donna L. Longhouse

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

501 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 1500

City

Tampa

State

FL

Zip Code

33602

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

Date

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
D/P	Byron L. Whipple	6047 Bahia del Mar, Ste. 266	St. Petersburg, FL 33715
D/V/S/T	Elizabeth L. Whipple	6047 Bahia del Mar, Ste. 266	St. Petersburg, FL 33715

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.

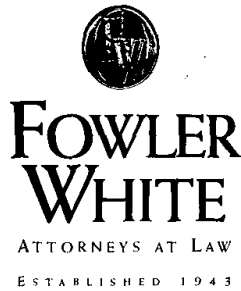
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Byron L. Whipple, President

Date

10-16-01 727 864-1823

Daytime Phone #



292

October 23, 2001

Florida Department of State
Department of Corporations
Reinstatement Division
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: USLA Corp. - Reinstatement

Dear Sir or Madam:

As registered agent and attorney for the above-referenced corporation, I enclose herewith an original executed Corporation Reinstatement Form required by your office along with a check in the amount of \$150.00, payable to your office. Byron Whipple, President, advises me that he did not receive the Uniform Business Report for 2001, or any subsequent notice thereof, until his receipt of the Certificate of Administrative Dissolution or Revocation, dated September 21, 2001.

Pursuant to a telephone call with your office, I have been advised that your office will waive the reinstatement fee due to my client's non-receipt of the Uniform Business Report. If you should have any questions, please feel free to contact me.

Sincerely,

Donna L. Longhouse

DLL/swb

Enclosure

cc: Byron L. Whipple, President (w/o encl.)

DLL/swb3461

FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL AND BANKER, P.A.

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