

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000058980			
<b>1. Corporation Name</b>  US BUSINESS ADVISORS, INC.			
<b>Principal Place of Business</b> 1726 Kingsley Avenue Suite 17 Orange Park, FL 32073		<b>Mailing Address</b> (Blank)	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
<b>2. New Principal Office Address, if Applicable</b> 7400 Baymeadows Way Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32256 Country USA		<b>3. New Mailing Office Address, if Applicable</b> 7400 Baymeadows Way Suite, Apt. #, etc. Suite 200 City & State Jacksonville, FL Zip 32256 Country USA	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 07/07/1997	
		<b>5. FEI Number</b> 59-3456288	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	John T. Ghegan	7400 Baymeadows Way Suite 200	Jacksonville, FL 32256
<b>8. Name and Address of Current Registered Agent</b>  RAX CO. 50 N. Laura Street Suite 3300 Jacksonville, Florida 32202		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
<b>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.</b> Signature of Registered Agent <u>C. Daniel Rice, Vice President</u> Date <u>January</u> , 1999 REGISTERED AGENT MUST SIGN			
<b>11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)			
<b>12. 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.</b>			
<b>SIGNATURE:</b> John T. Ghegan, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-18/99</u> (Typed Name) 904-636-7555	

REINSTATEMENT 98-99

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