	PLEASE READ	ALL INST	RUCTIONS	BEFORE O	COMPLET	ING THIS FORM.	Wace lor.
FOR PEINSTATEMENT APPLICATION FOR BEINSTATEMENT B					1 7/		
DOCUMENT # P97000079399					98 NOV 30 AM 9: 35		
1. Corporation Name					SECRETARY OF STATE		
STATUS TECHNOLOGIES, U.S.A., INC.					TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Addr 5407 GINGER COVE DRIVE #F 5407 GINGER TAMPA FL 33634 TAMPA FL 3			R COVE DRIVE #F		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
If above addresses are incorrect in any way, line through incorrect information and enter correctio 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable					4. Date Incorp	orated or Qualified	
1959 GREGORY Drive P.O. Suite, Apt. #, etc. Suite, Apt. #			, etc.		To Do Busir 5. FEI Number		1/1997
City & State City & State City & State TAMPA FLOKIONA TAM			59-		59-3	3473900	Applied For Not Applicable
Zip Country Zip 33685-			Country CERTIFI		1 -	ATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo		ations must list at lea			
Title(s)	Fille(s) Name of Officers and/or Directors			fficer and/or Director se Post Office Box N	•	City / State	/ Zi p
PV	TILEY, MICHAEL		5407 GINGER COVE DRIVE #F			TAMPA FL 33634	
ST	ST TILEY, ISABEL			OVE DRIVE #F	Drive	TAMPA FL 33834 TAMPA FL 33613	
				\	5	000027039 -12/04/9801 ****158.75	3051 111012 ****158.75
	2. Name and Address of Current E	Pagistored Age	nnt.	T	Q Name and	Address of New Registered Age	ant .
8. Name and Address of Current Registered Agent TILEY, MICHAEL 5407 GINGER COVE DRIVE #F TAMPA FL 33634				Name Name NiLE) Street Address (P.O. Box Number is Not Acceptable) 1959 Suite, Apt. #, Etc.			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob						FL •	336 i3
Signature o Registered	Agent	TURE	E REQU	JIRED		Date	-98
	is corporation owes or ha angible Personal Propert	as paid th	e current ye	ear Yes 🗌	No ⊠	(See other side fo on intangib	
this rein	that I am an officer or director or the receive statement application, the reason for dissort the corporation have been paid and the napplication is true and accurate, and my signate.	lution has been ames of individ	eliminated, the corp luals listed on this for	orate name satisfies rm do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0401	, F.S., that all fees

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AN



PO Box 261165 Tampa, FL 3368-1165 Tel: (813) 249-8131

November 23, 1998

RE: Reinstatement of Status Technologies USA Inc.

Sandra B. Mortham Secretary of State Department of State Florida Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Dear Sir or Madam:

Having spoken to one of your representative's at your office, she told me to write a letter stating that I had not received the report or the Second notice due to change of address. She Further instructed that the cost accrued would be the Annual report fee of \$61.25 plus Corporate Supplemental Fee of \$88.75 giving me a total of \$150.00. Further to the above a Certificate status fee of \$8.75 therefore giving me a grand total of \$158.75, which a check is enclosed.

I would greatly appreciate that you send me your report with the updated information as supplied so that I may comply with the Corporation annual Act,

Thanking you for your help and time.

Yours truly,

STATUS TECHNOLOGIES USA INC.