

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 21 AM 8:00

REINSTATEMENT 03-04

DOCUMENT # **P98000004417**

1. Corporation Name

MAIN ST. USA CORP.

Principal Place of Business

Mailing Address

**2198 MAIN ST.
SARASOTA FL 34237**

**2198 MAIN ST
SARASOTA FL 34237**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1998

5. FEI Number

65-0805038

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	JAENSCH, PETER J	2198 MAIN ST	SARASOTA FL 34237

900038138149
06/21/04--01077--003 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JAENSCH, P. CHRISTOPHER
2198 MAIN ST.
SARASOTA FL 34237**

Name

Peter J. Jaensch

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

2198 Main Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-10-04

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-10-04

Daytime Phone #

CR2E040 (7/03)

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MAIN ST. USA CORP.

2198 Main St
Sarasota, FL 34237

June 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

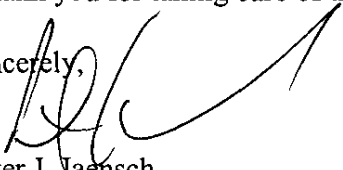
Re: Reinstatement of Corporation
Co.: MAIN ST, USA CORP.

Dear Sir or Madam,

Along with this letter I am enclosing a reinstatement form for the above-captioned corporation, for which I never received the Uniform Business Report (UBR) for 2003 and 2004. In light of this, I respectfully request that you reactivate my corporation by waiving the reinstatement fee and receiving a check covering the UBR fee for both years.

I thank you for taking care of this matter.

Sincerely,



Peter J. Jaensch
President
MAIN ST, USA CORP.