

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

2000 UBL

FILED

00 OCT 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023123

1. Corporation Name

ACQUISITIONS USA, INC.

Principal Place of Business

Mailing Address

PALL MALL BUSINESS CENTER
3491 PALL MALL DR., #201A
JACKSONVILLE FL 32257

PALL MALL BUSINESS CENTER
3491 PALL MALL DR., #201A
JACKSONVILLE FL 32257



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

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3509318

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (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	City / State / Zip
PTS	COBB, WILLIAM M	5700 ST AUGUSTINE RD 3580 PALL MALL DR 1801	JAX FL 32207 JAX, FL 32257
			700003469527--3 -11/20/00--01011--020 ***150.00 ***150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBB, WILLIAM M

~~5700 ST. AUGUSTINE ROAD~~
~~JACKSONVILLE FL 32207~~

3580 PALL MALL DR
UNIT 1801
JACKSONVILLE, FL
32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

William M. Cobb SIGNATURE REQUIRED

Date 10-26-00

REGISTERED AGENT MUST SIGN

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:

William M. Cobb SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. COBB

10-26-00

Date

904-262-7864

Daytime Phone #

CR2E040 (8/00)

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Acquisitions USA, Inc

Pall Mall Business Center
3491 Pall Mall Drive 201A
Jacksonville, FL 32257

Email AcqUSAinc@aol.com
Fax 904-262-1263
Tel 904-262-7864

October 26, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: REQUEST FOR REINSTATEMENT

TO WHOM IT MAY CONCERN:

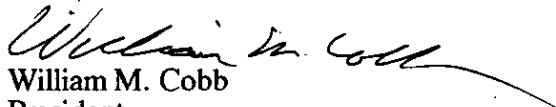
This follows my telephone call to you yesterday. I discovered your "Notice of Administrative Dissolution or Revocation" at my office just two days ago.

This comes as a shock to me, because I did not receive the "notice" about this intended revocation.

I do want to keep the company active -- without a substantial reinstatement expense which I could not afford.

I respectfully request reinstatement and am enclosing \$150 as was suggested by the Department's worker with whom I talked.

Sincerely,


William M. Cobb
President