

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg 192

**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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1998

5. FEI Number

59-3509318

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
PTS	COBB, WILLIAM M	<del>5700 ST AUGUSTINE RD</del> 3580 PALL MALL DR 1801	<del>JAX FL 32207</del> 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

*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:

*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 #

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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:

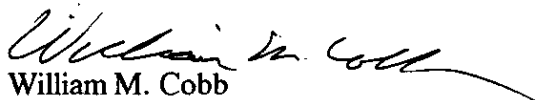
This follows my telephone call to you yesterday. I discovered your "Notice of Administrative Dissolution or Revocation" at my office just two days ago.

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