PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
00 SEP 11 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000062035

1. Corporation Name

US TRACKING ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DAVID DUSZA<br>18690 MISTY LANE<br>JUPITER FL 33458 | C/O DAVID DUSZA<br>18690 MISTY LANE<br>JUPITER FL 33458 |

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 |
|---|---|
| 8915 Marchbank Lane | 8915 Marchbank Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lewis Center, Ohio | City & State: Lewis Center, Ohio |
| Zip: 43035 Country: USA | Zip: 43035 Country: USA |

REINSTATEMENT 99-02

4. Date Incorporated or Qualified To Do Business in Florida: 07/14/1998

5. FEI Number: 65-0998571 — 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 |
|---|---|---|---|
| Pres. | David Dusza | 8915 Marchbank Lane | Lewis Center, Ohio 43035 |

300003398298--6
--09/19/00--01060--006
****900.00 ****900.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| COOPER, MARGARET L<br>505 SOUTH FLAGLER DR., STE. 1100<br>WEST PALM BEACH FL 33402 | Name: Margaret L. Cooper<br>Street Address (P.O. Box Number is Not Acceptable): 505 South Flagler Dr<br>Suite, Apt. #, Etc.: Suite 1100<br>City: West Palm Beach State: FL Zip Code: 33402 |

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: MARGARET L. COOPER — REGISTERED AGENT MUST SIGN — Date

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.

KE

SIGNATURE: SIGNATURE REQUIRED — 4-27-00 — 614-431-1335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)