

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000063231

1. Corporation Name

U.S. CONFORMANCE, INC.

Principal Place of Business

1092 JUPITER PARK LANE, SUITE 130
JUPITER FL 33458

Mailing Address

1092 JUPITER PARK LANE, SUITE 130
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

1092 JUPITER PARK LANE 1092 JUPITER PARK LANE

Suite, Apt. #, etc.

SUITE 130

City & State

JUPITER FL

3. New Mailing Office Address, If Applicable

1092 JUPITER PARK LANE 1092 JUPITER PARK LANE

Suite, Apt. #, etc.

SUITE 130

City & State

JUPITER FL

Zip

33458

Country

PALM BEACH

Zip

33458

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1998

5. FEI Number

65-0857276

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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
PD	CASTELHANO, DAVID	1092 JUPITER PARK LANE, SUITE 130	JUPITER FL 33458
VO	DANIELS, MARK	1092 JUPITER PARK LANE, SUITE 230	JUPITER FL 33458
			100003082241--1 -12/28/99--01070--010 ***750.00 ***750.00
			REINSTATEMENT 99 1TS

8. Name and Address of Current Registered Agent

CASTELHANO, DAVID
1092 JUPITER PARK LANE, SUITE 230
JUPITER FL 33458

9. Name and Address of New Registered Agent

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

David Castelhana
REGISTERED AGENT MUST SIGN

Date 12/16/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David Castelhana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/99
Date

561-747-
3311
Daytime Phone #