

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 13 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069637**

1. Corporation Name

US CLOSING, INC.

2. Principal Office Address

333 South Tamiami Trail

Suite, Apt. #, etc.

Suite 389

City & State

Venice, FL

Zip

34285

Country

Sarasota

3. Mailing Office Address

333 S. Tamiami Trail

Suite, Apt. #, etc.

Suite 389

City & State

Venice, FL

Zip

34285

Country

Sarasota

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/1998

SP

5. FEI Number

65-0853810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark E. Petersen

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

1474 Trune Way

Suite, Apt. #, Etc.

City

Venice

State
FL

Zip Code

34292

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/12/01

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres. | Robert C. Morey | 1474 Trune Way | Venice, FL 34292 |
| Sec/T | Mark E. Petersen | 1474 Trune Way | Venice, FL 34292 |
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10. 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]

ROBERT C. MOREY

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

942484-3031

Daytime Phone #

CR2E081 (9/00)