

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000080287**

1. Corporation Name

USFX CORP

2. Principal Office Address

1900 CORPORATE WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

400 E

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

Zip

33431

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

SEP 1998

5. FEI Number

59-3536950

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

SEAN BURNS

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

1900 CORPORATE WAY, SUITE 400 E

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State

FL

Zip Code

33431

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

Date

09/26/00

REGISTERED AGENT MUST SIGN

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
PRESIDENT	SEAN BURNS	1900 CORPORATE WAY SUITE 400 E	BOCA RATON, FL 33431
			500003419445--1 -10/09/00--01071--013 ****500.00 ****500.00
			500003419445--1 -10/09/00--01071--014 ****400.00 ****400.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/00

Date

Daytime Phone #