FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DO SEP 26 PM 1: 12 DOCUMENT # P9800080287 1. Corporation Name USEX CORU 2. Principal Office Address 1900 Coffort Way Suite, Apt. 4, etc. 4. Date Incorporated of Qualified To De Business in Florids Suite, Apt. 4, etc. 4. Date Incorporated of Qualified To De Business in Florids Suite, Apt. 4, etc. 5. FEI Number 59-1236950 Applied 59-12	licable equire
1. Corporation Name 2. Principal Office Address 19 00 Coffice Address 20 Country 20 Country 20 Country 21 Country 22 Country 23 Country 25 Certificate of Status Desired 26 Country 27 Name and Address of Current Registered Agent 28 Street Address (P.O. Box Number is Not Acceptable) 19 00 Coffice Address 29 Country 20 Street Address (P.O. Box Number is Not Acceptable) 19 00 Coffice Address 20 Country 21 Street Address (P.O. Box Number is Not Acceptable) 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 Street Address (P.O. Box Number is Not Acceptable) 25 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 27 Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 29 Country 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 20 Street Address (P.O. Box Number is Not Acceptable) 21 Street Address (P.O. Box Number is Not Acceptable) 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 Street Address (P.O. Box Number is Not Acceptable) 25 Street Address (P.O. Box Number is Not Acceptable) 26 Street Addres	licable equire
2. Principal Office Address 19 00 Co Work twan Suite, Apt. #, etc. 4. Date incorporated or Qualified To De Business in Florida Suff 19 8 City & State Country Zip Country Zip Country Zip Country Zip Country 7. Name and Address of Current Registered Agent Name Step Apt. #, etc. 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 19 00 Co Work twan Suite, Apt. #, Etc. 2. Principal Office Address SAM FEINSTATEMENT 99 Country 4. Date incorporated or Qualified To De Business in Florida SAM 19 PROPRIED 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 8. Street Address (P.O. Box Number is Not Acceptable) 19 00 Co Work twan Suite, Apt. #, Etc. City Apt. #, Etc. City Apt. #, Etc. City Apt. #, Etc. City Apt. #, Etc. Pagestered Agent PEGISTERED AGENT MUST SIGN PAGESTATEMENT 99 COUNTRIDE Street Address (P.O. Box Number is Not Acceptable) 19 00 Co Work twan 19 20 Code FL 374471 Date 99 26 Oo	licable equire
2. Principal Office Address 19 00 CoRORATUAT SAME Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida SAM 1996 City & State City & State Country Zip Country Zip Country Zip Country Zip Country 7. Name and Address of Current Registered Agent Name SEAN BURNS Street Address (P.O. Box Number is Not Acceptable) 19 90 CoUNTY Suite, Apt. #, Etc. City & Country Street Address (P.O. Box Number is Not Acceptable) 19 90 CoUNTY Suite, Apt. #, Etc. City & Country Registered Agent	licable equire
2. Principal Office Address 19 00 Collorate Address Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Address To Do Business in Florida To Do Business in Flori	licable equire
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida SAT 1998 Street Address of Country Street Address (P.O. Box Number is Not Acceptable) 1900 Coll 2000	licable equire
Suite, Apt. #, etc. Gity & State Gity & State Gity & State Country Zip Country Zip Country Zip Country 7. Name and Address of Current Registered Agent Name SEAN BURNS Street Address (P.O. Box Number is Not Acceptable) 1990 Country Suite, Apt. #, Etc. City & State To Do Business in Florida Self 1998 Self Additional Fee registered Agent Street Address (P.O. Box Number is Not Acceptable) 1900 Coll of the Land Country Suite, Apt. #, Etc. City & State City & State State State Zip Code FL Suite, Apt. #, Etc. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date Oq 126 / 600	licable equire
Suite, Apt. #, etc. LOOCH City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country To Date Incorporated or Qualified To Do Business in Florida SKPT 1998 Applied if 59 - 35 3 6 95 0 V Not Appl Certificate of Status Desired To Do Business in Florida SKPT Additional Fee refore a Certificate of Status Desired To Do Business in Florida SKPT Additional Fee refore a Certificate of Status Desired To Do Business in Florida SKPT Additional Fee refore a Certificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Code FL Tip Code	licable equire
City & State City & State City & State City & State Country C	licable equire
To CA RATON Zip Country Zip Country Zip Country To Name and Address of Current Registered Agent Name SEAN BURDS Street Address (P.O. Box Number is Not Acceptable) 1900 Collorate WAY, Suite Apr. #, Etc. City Roca Laton, F. City Roca Laton, F. Site of Agent State State Size of Current Registered Agent Size of Current Registered Agent Name Suite, Apr. #, Etc. City Roca Laton, F. Size of City Roca Lato	licable equire
Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee r for a Certificate of S 7. Name and Address of Current Registered Agent Name SEAN BURNS Street Address (P.O. Box Number is Not Acceptable) 1900 Collopart WA, Suite, Apt. #, Etc. City Rock (Aron), F. State City Rock (Aron), F. State FL 23431 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 REGISTERED AGENT MUST SIGN	licable equire
Zip Country 7. Name and Address of Current Registered Agent Name SEAN BURNS Street Address (P.O. Box Number is Not Acceptable) 1900 Collorate way, Suite, Apt. #, Etc. Cita Toca Manon, F. State Zip Code FL 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 REGISTERED AGENT MUST SIGN	equire
7. Name and Address of Current Registered Agent Name SEAN BURNS Street Address (P.O. Box Number is Not Acceptable) 1900 Coll of War War Suite, Apt. #, Etc. City Rock LATON, F. State Zip Code FL 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 REGISTERED AGENT MUST SIGN	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Rock LATON, F. State Zip Code FL 23441 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN	
Street Address (P.O. Box Number is Not Acceptable) 1900 Co Mo Moh Suite, Apt. #, Etc. State Zip Code FL 273431 8. 1, 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 REGISTERED AGENT MUST SIGN	
Suite, Apt. #, Etc. City Toch (Mon), F. State Zip Code FL 373431 8. 1, 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	
Suite, Apt. #, Etc. City Roch (Mon), FL State Zip Code FL 373431 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	
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 REGISTERED AGENT MUST SIGN FL 3343 Date 09.126/00	
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 REGISTERED AGENT MUST SIGN	
Signature of Registered Agent Date 09/26/00	
Signature of Registered Agent Date 09/26/00	
REGISTERED AGENT MUST SIGN	
عي عي بي بي بي مي سرون وي مي سرون و موسون اسان کو انداز	
3. Names and other Addresses of Latin Order and or Director (1 forest neutrino of postulation in the state of	
Titles Name of Street Address of Each City/State / Titles	
Officers and/or Directors Officer and/or Director City / State / Zip	
PRESIDENT SEANTBURNS 1900 CONFORMET WAY	
SUITE GOOF BOCA LAKON TO.	%
	
500003419445 -10/09/0001071013	1
****500.00 ****500.00) - -
500003413445	1
50003413445 -10/03/0001071014 *****400.00 *****400.0	
·	in -
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 filling 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 feed 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 indication on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	·U
SIGNATURE: 09/26/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	ng es