


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000080921			
1. Corporation Name USA SERVICES GROUP, INC.			
2. Principal Office Address 2234 N. FEDERAL HWY Suite, Apt. #, etc. Suite 468 City & State BOCA RATON, FL Zip 33431 Country Palm Beach		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300009202873
11/25/02--01066--010 **150.00

4. Date Incorporated or Qualified To Do Business in Florida 09/14/1998	
5. FEI Number 650890262	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Ron Propio	
Street Address (P.O. Box Number is Not Acceptable) 2234 N FEDERAL HWY Suite, Apt. #, Etc. 468	
City BOCA RATON	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**

REGISTERED AGENT MUST SIGN

Date 10/31/02

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	Ronal Propio	12601 NW 117th Ct	Sunrise FL 33323

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

Date

Daytime Phone #

10/31/02 305-944-0651

gr 12/2/02

CR2E081 (9/01)

USA SERVICES GROUP, INC.
2234 N.FEDERAL HIGHWAY
SUITE 468
BOCA RATON, FLORIDA 33431-9843

11/1/2002

To Whom It May Concern:

We moved our corporate office and never received the documents for our annual report.
Please waive the reinstatement fee of \$750.00.

Enclosed please find a check in the amount of \$150.00 and the corporation reinstatement form.

Regards,

Ron Prupis