

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM OS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

00 HAY 30 PH 3: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000095202

1. Corporation Name

UNITED STATES LAWYERS, INC.

Xp.

2.Principal Office Address 7711 Holiday Drive		3. Mailing Office Address 7711 Holiday Drive		Drillotaterreal of	
				REINSTATEMENT 99-0	
Suite, Apt. #, etc.	,	Suite, Apt. #, etc.			
				Date Incorporated or Qualified     To Do Business in Florids NOV	ember 10,98
City & State		City & State			
Sarasota, FL		Sarasota, FL		5. FEI Number 65-0945335	Applied For Not Applicable
<sup>Zip</sup> 34231	Country USA	Zip 34231	Country USA	6. CERTIFICATE OF STATUS DESIRED	
		- 41	4444		

7. Name and Address of Current Registered Agent .									
Name									
Adams_Colgate; Kiml	erly								
Street Address (P.O. Box Number is Not 77411 #Holiday Drive	t Acceptable)								
Suite, Apt. #, Etc.									
Ciy Sarasota	Tallatteasee		State FL	Zip Code 34231 <sub>01</sub>					

Signature of	agent Mys CI-	Cllo	pate May 26, 2000
9, Names an	nd Street Addresses of Each Officer and/or Director (Flor	rida 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	Kimberly A. Colgate	7711 Holiday Drive	Sarasota, FL 34231
Sec./ Tres.	Kimberly A. Colgate	7711 Holiday Drive	Sarasota, FL 34231
			800003271038
	Signature of Registered // 9. Names ar Titles Pres V.P. Sec./	Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florent Name of Officers and/or Directors  Pres Kimberly A. Colgate  Sec./	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  Pres V.P. Kimberly A. Colgate  7711 Holiday Drive  Sec./

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 807 or 817, 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 lees owed by the corporation have been paid and the names of individuals itsed on this form do not quality 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:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

May 26, 2000 (941)927-299

Cate

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 713141 7214639

AUTHORIZATION :

COST LIMIT : \$ 908.75

ORDER DATE: May 30, 2000

ORDER TIME : 1:37 PM

ORDER NO. : 713141-005

CUSTOMER NO: 7214639

CUSTOMER: Kimberly Adams Colgate, Esq

Kimberly Adams Colgate, Esq.

7711 Holiday Drive

Sarasota, FL 34231

## DOMESTIC FILINGS

NAME: UNITED STATES LAWYERS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS

