

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 19 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P99000007365
U.S. Seminars, Inc.

2. Principal Office Address

19300 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Indian Shores Beach FL

Zip

33785

Country

US

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

33785

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3554861

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 Herndon

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

19300 Gulf Blvd.

Suite, Apt. #, Etc.

City

Indian Shores Beach

State

FL

Zip Code

33785

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

Mark Herndon
REGISTERED AGENT MUST SIGN

Date **10/15/00**

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.	Mark Herndon	19300 Gulf Blvd.	Indian Shores Beach FL 33785
			000003439780--2 10/26/00--01012--012 ****758.75 ****758.75

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

Mark Herndon

Date

10/15/00

Daytime Phone #

727-595-5933