

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:20

DOCUMENT # P99000027644

1. Corporation Name

U.S. SALES CORPORATION

2. Principal Office Address

436 LAKEVIEW DRIVE

Suite, Apt. #, etc.

#206

City & State

WESTON, FL

Zip

33327

Country

USA

3. Mailing Office Address

436 LAKEVIEW DRIVE

Suite, Apt. #, etc.

#206

City & State

WESTON, FL

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/99

5. FEI Number

65-0909465

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

ASIF MANSOOR

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

436 LAKEVIEW DRIVE

Suite, Apt. #, Etc.

#206

City

WESTON

State

FL

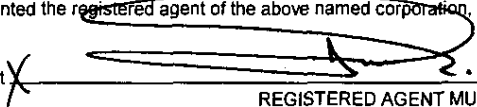
Zip Code

33327

400004342264-7
-06/05/01--0108--013
***900.00 ***00.00

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



Date 05/10/01

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
D/P	ASIF MANSOOR	436 LAKEVIEW DRIVE, #206	WESTON, FL 33327
D	ALICIA MATTISON	13600 NW 4TH STREET, #10	PEMBROKE PINES, FL 330

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

05/10/01

Date

954-434-1981

Daytime Phone #