

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000073114

1. Corporation Name

CULTURAL CONNECTION USA, INC.

FILED  
00 NOV 29 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

13163 72ND AVENUE NORTH  
SEMINOLE FL 33776

Mailing Address

PERSONAL MAIL BOX 147  
6822 22ND AVENUE NORTH  
SAINT PETERSBURG FL 33710-3918

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/1999

5. FEI Number

593593500

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GRAHAM, PAUL C	13163 72ND AVENUE NORTH	SEMINOLE FL 33776
VD	GRAHAM, KATHLEEN	13163 72ND AVENUE NORTH	SEMINOLE FL 33776
STD	GRAHAM, HEIDI S	13163 72ND AVENUE NORTH	SEMINOLE FL 33776

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

DONALD F. GRAHAM

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

10575 68TH AVE. N.

Suite, Apt. #, Etc.

SUITE B-3

City

SEMINOLE

State

FL

Zip Code

33772

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Donald F. Graham*

REGISTERED AGENT MUST SIGN

Date

11/6/2000

11. 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:

*Paul C. Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2000  
Date

727-792-2012  
Daytime Phone #

KE