

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 1:46

DOCUMENT # 899 0000 777 51

1. Corporation Name

3 U.K. AMERICA INC.

2. Principal Office Address - No P.O. Box #

3602 N Old Dixie Hwy

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

3602 N Old Dixie Hwy

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified

To Do Business in Florida 08/27/1999

5. FEI Number

650945295

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

Shirley Hodgson

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

3602 N Old Dixie Hwy

Suite, Apt. #, Etc.

City

Delray Beach, FL

State

FL

Zip Code

33483

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/26/08

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
P	Shirley Hodgson	3602 N Old Dixie Hwy	Delray Beach, FL 33483
P	Helene Olsson	3602 N Old Dixie Hwy	Delray Beach, FL 33483
	06-08 TB 4/3/08		000121950870 04/02/08--01034--020 **1200.00
	REINSTATEMENT		

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 contained in Chapter 119, 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

3/26/08

Daytime Phone #