

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY H01000123007 DIVISION OF CORPORATIONS 01 DEC 20 PM 3:47	
<b>DOCUMENT # P99000086751</b>					
1. Corporation Name <b>USA SUPERROUTES, INC.</b>					
Principal Place of Business <b>2625 WEST 5TH STREET JACKSONVILLE FL 32203</b>		Mailing Address <b>2625 WEST 5TH STREET JACKSONVILLE FL 32203</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida <b>09/30/1999</b>	
				5. FEI Number <b>59-3600873</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
D	SPENCE, CARLTON H	2625 WEST 5TH STREET	JACKSONVILLE FL 32203		
D	SPENCE, JEFFREY C	2625 WEST 5TH STREET	JACKSONVILLE FL 32203		
8. Name and Address of Current Registered Agent <b>SPENCE, CARLTON H 2625 WEST 5TH STREET JACKSONVILLE FL 32254</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code			
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 <b>Carlton H. Spence</b>		Date <b>12/20/01</b>			
REGISTERED AGENT MUST SIGN					
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: <b>Jeffrey C. Spence</b>		H01000123007 <b>12/20/01</b> 904-788-8036			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 205-0384

**From:**

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904) 798-3700  
Fax Number : (904) 354-4459

**CORPORATION REINSTATEMENT**

**USA SUPERROUTES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00