

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 13 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000087233

1. Corporation Name

EXECUCORE U.S.A., INC.

2. Principal Office Address

4532 W. KENNEDY BLVD

Suite, Apt. #, etc.

UNIT # 244

City & State

TAMPA FL

Zip

33609

Country

USA

3. Mailing Office Address

4532 W. KENNEDY BLVD

Suite, Apt. #, etc.

UNIT# 244

City & State

TAMPA FL

Zip

33609

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/01/99

5. FEI Number

59-3618492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NERO P.T.

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

4532 W. KENNEDY BLVD.

Suite, Apt. #, Etc.

UNIT # 244

City

TAMPA

State
FL

Zip Code

33609

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 11/07/06

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	NERO P.T.	4532 W. KENNEDY BLVD	TAMPA FL 33609

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:

NERO P.T.

11/07/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOVEMBER 07 2006

EXECUCORE U.S.A. INC.
TAMPA FL 813-244-7254

DIVISION OF CORP.
REINSTATEMENT DIVISION
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE FL 32301

att; SEAN TONER

DEAR MR. TONER

AS PER OUR DISCUSSION WE ARE MEMORIALIZING THE FACT THAT WE ARE ASKING
THE WAIVER OF THE REINSTATEMENT FEE AS WE WERE NOT IN RECEIPT OF THE
ANNUAL REPORT NOTICE. KINDLY HELP US AS IT WAS NOT TRULY OUR FAULT. WE
ANTICIPATE YOUR KIND COOPERATION.

SINCERELY


EXECUCORE U.S.A. INC.