

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PRK/LSK

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000087484**

1. Corporation Name

USSB CORP

2. Principal Office Address

8362 PINES BLVD

3. Mailing Office Address

8362 PINES BLVD

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

121

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

650951717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT MILLER

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

6837 SW 14TH STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

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

[Signature]

Date **12/18/02**

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
PR/DR	ROBERT MILLER	8362 PINES BLVD # 121	HOLLYWOOD, FL 33024
SECY	ROBERT MILLER	8362 PINES BLVD # 121	HOLLYWOOD, FL 33024
TREAS	ROBERT MILLER	8362 PINES BLVD # 121	HOLLYWOOD, FL 33024

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)(f), 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]

ROBERT MILLER

12-18-02

800-506-3105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2501 (9/01)



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8362 Pines Boulevard, Hollywood, FL 33024 National toll free: (800)-506-3104 (800)-770-2085

December 18, 2002

Department of State
Division of Corporations
Reinstatement Division
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am writing concerning USSB Corp FEI Number 650951717 and the matter of the involuntary dissolution which I am advised took place in October of this year.

~~TO STATE~~
I wish that no renewal form or notice of dissolution was received by me or USSB Corp anytime during this year and that the matter has come to our attention today. In view of this, I respectfully request that the Reinstatement fees for USSB Corp be waived and that you would reinstate the company for the fee that it would have paid in April had we been in receipt of the form or notice that renewal had not been received by your office in a timely manner.

I am enclosing payment in the amount of \$158.75 in consideration of this request to cover the normal renewal fee and for certificate of status to be returned to us. Thank you for your consideration of this request.

Very truly yours,


Robert Miller
Registered Agent
USSB Corp.

*PS - I AM INCLUDING A FORM UBR OFF OF
THE INTERNET AND HAVE RULED IT OUT
IF YOU NEED IT.*