PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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05 MAY 16 PM 1:48

DOCUMENT # P99000091632

1. Corporation Name

U. S. RESIDENTIAL, INC.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 1535	P.O. BOX 1535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VALRICO FL	City & State: VALRICO FL
Zip: 33595 County: USA	Zip: 33595 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/14/1999

5. FEI Number: 851029913 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent:

Name: RICK L OLSON

Street Address (P.O. Box Number is Not Acceptable): 522 EMBERWOOD DR

Suite, Apt. #, Etc.:

City: BRANDON State: FL Zip Code: 33511

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0305, F.S.

Signature of Registered Agent: [signature] Date: 05/14/2005

REGISTERED AGENT MUST SIGN

CR2E091 (9/01)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RICK L OLSON	522 EMBERWOOD DR	BRANDON FL 33511

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, dissolution 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 exception 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: [signature] 05/14/2005 813-625-7684

SIGNATURE AND TYPED OR PRINTED NAME OF ENUMERATED OFFICER OR DIRECTOR — Date — Daytime Phone #

H05000123123 3

H05000123723 3

DATE: Monday, May 16, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: **RICK L OLSON**
U. S. RESIDENTIAL, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL SINCE 2003

PLEASE FILE OUR ANNUAL REPORT AND DO **NOT** CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813 299 1124

THANKS,

x

RICK L OLSON
U. S. RESIDENTIAL, INC

H05000123723 3

Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)735-2686

CORPORATION REINSTATEMENT

U. S. RESIDENTIAL, INC.

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