

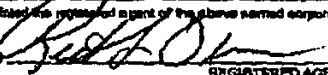
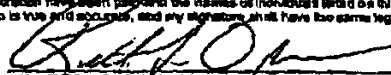
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P89000091632			
1. Corporation Name U. S. RESIDENTIAL, INC.			
2. Principal Office Address P.O. BOX 1535 State, Apt. A, etc.		3. Mailing Office Address P.O. BOX 1535 State, Apt. A, etc.	
City & State VALRICO FL		City & State VALRICO FL	
Zip 33595	Country USA	Zip 33595	Country 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			
State, Apt. A, Etc. City BRANDON			
State FL		Zip Code 33511	
8. I, being appointed and authorized agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.6003, F.S. Signature of Registered Agent  Date 05/14/2005 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Type	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, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes 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(2)(c), 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:  Date 05/14/2005 813-625-7684 SIGNATURES AND TITLES OR PRINTED NAMES OF OFFICERS OR DIRECTORS			

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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,



RICK L OLSON
U. S. RESIDENTIAL, INC

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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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