4-23-01;11:07AM;

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 SEP 29 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
2001 UBR

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

DOCUMENT # S49287

1. Corporation Name
U.S. Alliance Services Corporation.

2. Principal Office Address	**3.** Mailing Office Address
10621 N. Kendall Dr.	
Suite, Apt. #, etc. Suite # 216	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip FL 33176 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0297068 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 5.00 Additional fee is required for a Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: Sedaghat, Behzad

Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore dr. #216

Suite, Apt. #, Etc.: Suite #216

City: Miami, State: FL Zip Code: 33139

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 _____
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
President Director	Sedaghat, Behzad	1717 N. Bayshore dr. #216	miami, FL 33139

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****300.00 ****300.00

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)(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: _____ 9/19/01 305 592-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #