

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S74426**

1. Corporation Name

ACTION USA, INC.

2. Principal Office Address

135 RICARDO WAY

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

Zip

33704

Country

PINELHAS

3. Mailing Office Address

**PO BOX 6689
ST PETERSBURG FL 33704**

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/91

5. FEI Number

59-3080995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-05

800056521388

06/24/05--01059--017 **1358.75

7. Name and Address of Current Registered Agent

Name

STEPHEN HAHN

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

135 RICARDO WAY

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33704

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

Stephen Hahn

Date

6-21-05

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
PRES	STEPHEN HAHN	135 RICARDO WAY ST PETERSBURG FL 33704	

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 807.0401 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:

Stephen Hahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-21-05

Daytime Phone #

727-894-6230

CR2E081 (01/05)