

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 14 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V19304**

1. Corporation Name

**USA PROMOTIONS, INC.**

Principal Place of Business

16548 E. LASER DRIVE  
#9  
FOUNTAIN HILLS AZ 85268  
US

Mailing Address

16548 E. LASER DRIVE  
#9  
FOUNTAIN HILLS AZ 85268  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**14209 N. Ashbrook Dr**

Suite, Apt. #, etc.  
**#A**

City & State  
**Fountain Hills, AZ**

Zip  
**85268**

Country  
**USA**

3. New Mailing Office Address, If Applicable

**PO Box 17930**

Suite, Apt. #, etc.

City & State  
**Fountain Hills, AZ**

Zip  
**85269**

Country  
**USA**

REINSTATEMENT

02

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1992

5. FEI Number

65-0355381

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75\* Additional Fee required  
for a Certificate of Status

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

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

1

SMITH, GARY H.

3

14209 N. ASHBROOK DRIVE, #A

FOUNTAIN HILLS AZ 85268

700010131957

01/13/03--01/13/03 \*\*750.00

8. Name and Address of Current Registered Agent

SHIPLEY, DEBRA  
1505 S TAMiami TrL  
401A  
VENICE FL 34292

New Address  
5888 ELton Rd  
VENICE, FL 34293

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **12/20/02**

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)