

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41350

1. Corporation Name

USA Cressent Corporation

Principal Place of Business

Mailing Address

701 Brickell Ave.
#850

701 Brickell Ave.
#850

Miami Fla 33131-2909

Miami Fla 33131-2909

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

260 Crandon Blvd

260 Crandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#14

#14

City & State
Key Biscayne Fla

City & State
Key Biscayne Fl

Zip
33149

Country
USA

Zip
33149

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	6/4/92.
5. FEI Number	65.0335991
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP/ST	Geraldine Morales	260 Crandon Blvd #25	Key Biscayne Fla 33149

8. Name and Address of Current Registered Agent

John S. Sullivan
701 Brickell Ave #850
Miami, Fla 33131-2909

9. Name and Address of New Registered Agent

Name: Cesar Gomez, Esq.
Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd
Suite, Apt. #, Etc.: #
City: Key Biscayne
State: FL
Zip Code: 33149

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 305-365-9699
Date Daytime Phone # 347 229

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