

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 27 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000055195

1. Corporation Name
11TH STREET U.S.A. INC.



REINSTATEMENT 97-96

Principal Place of Business Mailing Address
P.O. BOX 14456 CLEARWATER FL 34629
4828 DARLINGTON RD. HOLIDAY FLA 34690
P.O. BOX 14456 CLEARWATER FL 34629
4828 DARLINGTON RD. HOLIDAY FLA 34690
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4828 DARLINGTON
Suite, Apt. #, etc. HOLIDAY FLA
City & State
Zip 34690 Country PASCO

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/18/1995

5. FEI Number 59-3263522 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	PRES DENNIS R. MAULSBY	4828 DARLINGTON RD	HOLIDAY FL 34690
	Sec/TREAS DENNIS R. MAULSBY	4828 DARLINGTON	HOLIDAY FL
			LS
			500003091445--6 -01/07/00-01044-005 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
MAULSBY, DENNIS R
2463 GULF TO BAY, #146
CLEARWATER FL 34624

9. Name and Address of New Registered Agent
Name DENNIS R. MAULSBY
Street Address (P.O. Box Number is Not Acceptable) 4828 DARLINGTON
Suite, Apt. #, Etc. HOLIDAY FLA
City State FL Zip Code 34690

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 DEC 21, 1999

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: DENNIS R. MAULSBY 12-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #