PLEASE READ	ALL INSTRUCTIONS	BEFORE	
APPLICATION	PPLICATION		
	Secretary	mate	
		RATIONS	FILED
DOCUMENT # P9800062035			OO SEP II AM II: 37
US TRACKING ENTERPRISES, INC.			SECRETARY OF STATE TALEAHASSEE FLORIDA
Principal Place of Business Mailing Address			· · ·
O DAVID DUSZA C/O DAVID DUSZA			
18690 MISTY LANE	18690 MISTY LANE JUP/TER-FL 33458		
If above addresses are incorrect in any way, line thr	ough incorrect information and enter	correction below.	DEINGTATEMENT (MJP)
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Appl 89.15 MASCHDARK LANE 89.15 MASCHDAR			To Do Business in Florida 07/14/1998
Suite, Apt. #, etc.			25. FEI Number
Zip Contesz, Chio	City & State Lewis Center Zip		6. \$8.75 Additional Fee required
7. Names and Street Addresses of Each Officer and	45035	USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Title(s) Name of Officers and/or Directors	Str	eet Address of Each ficer and/or Director	
	3		4
Pires. DAVIZI DUSZI	4 89/5 MAG	zchbank	LANE LEWIS Center, Ohio 43035
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8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
		Name MARGARET COOPER Street Address (P.O. Box Number is Not Acceptable) Suite Ant # Etco STA FLAG & DR	
505 SOUTH FLAGLER DR., STE. 1100 505 WEST PALM BEACH FL 33402 Suite. Ap			bosth FLAGER. DK
•		City	State Zip Code
10. I, being appointed the registered agent of the abe	we named corporation,)am familiar w	ith and accept the of	Highlions of Section 607.0505. F.S.I will be the line party high give and
Signature of Registered Agent Date Date Date			
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 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.			
on this application is true and accurate, and my signation is true and accurate, and my signation is true and accurate.	gnature snall nave the same legal effe	ect as it made under	roain.
CA ACAT	Roe Min	NGM	
	NTED NAME OF SIGNING OFFICER OF I	DIRECTOR	