

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001731

1. Corporation Name
U.S.A Money Source, Inc

2. Principal Office Address
2814 Spring Rd

Suite, Apt. #, etc.
Suite 302

City & State
Atlanta, GA

Zip
30339

Country
Cobb

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

400013699394
03/07/03--01082--005 **300.00

4. Date Incorporated or Qualified
To Do Business In Florida 8/16/2001

5. FEI Number
58-2386559

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BETTY TIMPSON

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

1046 HOOPER AVE NE

Suite, Apt. #, Etc.

(321) 626-0062

City

PALM BAY

State
FL

Zip Code
32905

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/11/03

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
P	FARZEH AMINI	116 Ridgetree Lane	Marathon, CA, 30068
V.P	Razieh Mohajerpoor	Same	Same

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

Daytime Phone #

(772) 805-0909

CR2E081 (10/02)

gr 3/10

MONEY SOURCE, INC.

To whom It May Concern :

We , at USA Money Source Inc never received any mail or notification regarding renewal From Florida Secretary of State .

Please Forward our mail or notice to the address below .

So, I have paid Three hundred dollars without the reinstatement fee According to MY conversation with your department .

Thank's Tony