Pg 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 10 PM 12:26

SEC... TALLA... STATE, FLORIDA

DOCUMENT # P00000090304

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03/20/06--01021--010 **908.75

1. Corporation Name
American Funding USA, Inc.

REINSTATEMENT 01-06

EP

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
4000 Tawerside Terr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FLA	City & State
Zip: 33138 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 9/25/00

5. FEI Number: Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Filings, Inc.

Street Address (P.O. Box Number Not Acceptable): 3732 N.W. 16th Street

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33311

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: Teresa Roman Date: 3/7/06
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Leo Spivack	4000 Towerside Terr.	Miami, FL 33138

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: Leo Spivack 3/6/06 (305) 593-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/7/06 Att: Division 2nd
of Corps.

Please be advised that we did not receive our 2001, 2002, 2003, 2004, 2005 & 2006 Annual Reports.

Our correct mailing & principle address is 4000 Towerside Terr. Miami, Fl. 33138

Please reinstate and issue a Certificate of Good standing

X Leo J. Spinach
Director / President