

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -3 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029705

1. Corporation Name

U.S.A. Funding INC.

2. Principal Office Address

2350 W 84 ST

Suite, Apt. #, etc.

16

City & State

Hialeah FLA

Zip

33016

Country

DADE

3. Mailing Office Address

2350 W 84 ST

Suite, Apt. #, etc.

16

City & State

Hialeah FLA

Zip

33016

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-2001

5. FEIN

20-1449063

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

Arvin Gonzalez

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

3161 SW 142 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date

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
President	Arvin Gonzalez	3161 SW 142 AVE.	MIAMI, FLA 33175

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

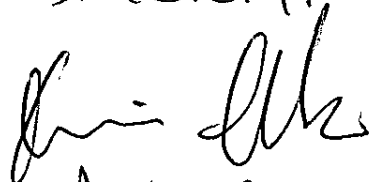
Arvin Gonzalez July 21-2004 (305-989-6110)

CR2081 (01/04)

July - 21 - 2004 Zgr

To whom it may concern;

I could file for 2003, Because I had a major lose: my partner and vice president took (stole) \$ 9,000 and split. I tried to contact him but has no success. Went to his house his sister said he left to Ecuador. I had to temporary close the Corp. Because of this please help me to reopen my corp By. reducing the fee of 900.⁰⁰ to 300.⁰⁰. please accept my check for \$ 300.⁰⁰ Dollars to reinstate my Corporation. Any Questions Dont Hesitate to call me, at 305-989-6110. Any time \$ 8.75 also enclosed for Certificate of status. I didnt received any notice from you.



Arvin Gonzalez
president USA funding Inc.

P.S
Thank you.!!