PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

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	3. Mailing Office Address
2350 W 84 ST	2350 W 84 ST
Suite, Apt. #, etc. # 16	Suite, Apt. #, etc. # 16
City & State Hialeah FLA	City & State Hialeah, FLA
Zip / Country 33016 / DADE	Zip / Country 33016 / DADE

4. Date Incorporated or Qualified To Do Business in Florida: 3-22-2021

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.

700039561367
07/27/04--01026--002 **308.75

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 _____ Date _____

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

July-21-2004 2yr

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 sucess. Went to his house his sister said he left to Ecudar I had to tempory 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.

Sincerely,

Arvin Gonzalez
president USA funding INC.

P.S
Thank you. ! !