


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

FILED

05 SEP 23 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000101872

1. Corporation Name

1ST USA LOANS CORP.

2. Principal Office Address

20706 NE 9TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33179

Country

3. Mailing Office Address

1080 HOLCOLMB BRIDGER

Suite, Apt. #, etc.

SUITE 265

City & State

ROSWELL GA

Zip

30076

Country

FULTON

4. Date Incorporated or Qualified
To Do Business in Florida

09-12-2003

5. FEI Number

65-0733906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-*Rein* 9/26
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

ROBIN STEIN

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

20706 NE 9TH PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33179

300059902699
09/23/05--01052--022 **150.00

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

Robin Stein

Date 09-21-05

REGISTERED AGENT MUST SIGN

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
Secretary	MICHELLE STORPER	130 SERENITY COURT	ALPHARETTA, GA. 30022
P	Robin Stein	20706 NE 9TH PL	Miami, FL 33179

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:

Michelle Storper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-21-05

Date

678 722 2012

Daytime Phone #

*Scribe gave permission to add officer



1st USA LOANS CORP.
1080 Holcomb Bridge Road - Building 200 - Suite 265
Roswell, Georgia 30076

Telephone (678) 722-2012 - Fax: (678) 722-2016-17



September 21, 2005

To:
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32314

Ref: Doc #: P03000101872
FEIN#: 65-0733906

Dear Sir or Madam,

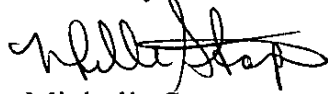
Enclosed is our Annual Report from for 2005 along with a check in the amount of \$150.00 for filing fee.

Please be informed that we did not received the Annual Report Notice in the mail, therefore were failed to file on time and our status went Inactive.

We would like to request the waiver for reinstatement of \$600.00 and the status of the corporation to be changed to Active so we can be operational again in Florida.

If you have any questions please do not hesitate to contact us at the numbers above.

Thank you
Sincerely,


Michelle Storper
V.P.