2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000006020

City-St-Zip:

SHEFFIELD, AL 35660

FILED Oct 05, 2007 Secretary of State

Entity Name: AURA FINANCIAL SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 600 BEACON PKWY, WEST, STE. 950 BIRMINGHAM, AL 35209 **Current Mailing Address: New Mailing Address:** 600 BEACON PKWY, WEST, STE. 950 BIRMINGHAM, AL 35209 FEI Number: 63-1184756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SARAOGI, ADITYA SARAOGI, ADITYA 120 SOUTH OLIVE AVENUE 360 COLÚMBIA DRIVE SUITE 404 SUITE 100 WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33409 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ADITYA SARAOGI 10/05/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GAUTNEY, TIMOTHY M Name: Name: 600 BEACON PKWY. WEST, STE. 950 Address: Address: City-St-Zip: BIRMINGHAM, AL 35209 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GAUTNEY, TIMOTHY M Name: 600 BEACON PKWY., STE 950 Address: Address: BIRMINGHAM, AL 35209 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KING, LOYD Name: Name: 2710 EAST 19TH AVE Address: Address

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TIMOTHY M. GAUTNEY CP 10/05/2007