PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 MAY -7 PM 12:11
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002778**

1. Corporation Name

US GROUP (DE) INC.

Principal Place of Business	Mailing Address
3111 STIRLING ROAD. STE. 308 FT. LAUDERDALE FL 33312	3111 STIRLING ROAD. STE. 308 FT. LAUDERDALE FL 33312

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1996

5. FEI Number: 65-0694077 — Applied For ☐ Not Applicable ☐

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	SCHERR, SCOTT	3111 STIRLING ROAD, STE. 308	FT. LAUDERDALE FL 33312
CVT	GOLDSTEIN, ALAN	3111 STIRLING ROAD, STE. 308	FT. LAUDERDALE FL 33312
D	SCHERR, MARC D	720 FIFTH AVE., 10TH FL.	NEW YORK NY 10019
SV	ALU, JIM	3111 STIRLING ROAD, STE. 308	FT. LAUDERDALE FL 33312
V	GONZALEZ, PAUL	3111 STIRLING ROAD, STE. 308	FT. LAUDERDALE FL 33312
V	BAKER, DALE	3111 STIRLING ROAD, STE. 308	FT. LAUDERDALE FL 33312

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc.
City — State: FL — Zip Code

900002883289--8
-05/24/99--01005--010
****900.00 ****900.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Barbara A Burke — **BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY** — Date 4/28/99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] Scott Scherr President — 4-5-99 — 954-266-1076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (9/98)