

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 26 PM 3:26

TALLAHASSEE, FLORIDA

BK

CR2E041 (8/05)

DOCUMENT #

1. Limited Liability Company's Name

AUSIT GROUP, LLC

06

2. Principal Office Address

5005 Texas Street

Suite, Apt. #, etc.

Suite 105

City & State

San Diego, CA

Zip

92108

Country

USA

3. Mailing Office Address

5005 Texas Street

Suite, Apt. #, etc.

Suite 105

City & State

San Diego, CA

Zip

92108

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
651132358

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paracorp Incorporated

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

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature] Secretary
REGISTERED AGENT MUST SIGN

Date 01-25-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stephen Kaplan	5005 Texas Street, Suite 105	San Diego, CA 92108
MGRM	Howard Kaplan	5005 Texas Street, Suite 105	San Diego, CA 92108

REINSTATEMENT 2006-2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Signature]

Date 1/24/2006

Daytime Phone # (619)220-6700

Typed or printed name of signing Managing Member/Manager

Howard Kaplan MGMR

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02/05/07--01004--023 **100.00