2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 29, 2007
Secretary of State

DOCUMENT# L02000034186

Entity Name: KLARAS GROUP, LLC

Current Principal Place of Business:

141 NW 20TH STREET, SUITE B7
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

141 NW 20TH STREET, SUITE B7
BOCA RATON, FL 33431

New Mailing Address:

621 NW 53RD STREET SUITE
240
BOCA RATON, FL 33487

FEI Number: 65-1171627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACKERMANN, JOHN H
141 NW 20TH STREET, SUITE B7
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

ACKERMANN, JOHN H
621 NW 53RD STREET
240
BOCA RATON, FL 33487 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: JOHN H ACKERMANN 10/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ACKERMANN, JOHN H
Address: 141 NW 20TH STREET, SUITE B7
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ACKERMANN, JOHN H CCIM
Address: 621 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33487

Title: MS ( ) Change (X) Addition
Name: HINDS, JULIA L
Address: 621 NW 53RD STREET
City-St-Zip: BOCA RATON, FL 33487

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN H ACKERMANN MR. 10/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date