

# L03000019542

## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:58

|                                            |  |                                                                                   |
|--------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000019542                    |  |  |
| 1. Entity Name<br>ARA FINANCIAL GROUP, LLC |  |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><del>102 ROYAL PALM BLVD.</del><br>PALMETTO, FL 34221 | Mailing Address<br><del>102 ROYAL PALM BLVD.</del><br>PALMETTO, FL 34221 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

(102 12th AVE. E.) (102 12th AVE. E.)

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

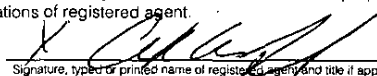
11052004 REIN-LLC CR2E101 (6/04)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>56-2363068 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                          |  |                                                                                   |  |
|--------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                          |  | 7. Name and Address of New Registered Agent                                       |  |
| ASFUR, SAMUEL J<br><del>102 ROYAL PALM BLVD.</del><br>PALMETTO, FL 34221 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

(102 12th AVE. E.)

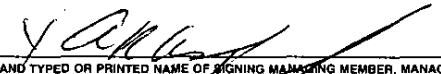
|                                                                                                                                                                                                                               |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |              |
| SIGNATURE                                                                                                                                   | DATE 11/5/04 |

(NOTE: Registered Agent signature required when reinstating)

|                                                                            |                                                      |
|----------------------------------------------------------------------------|------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2005, Fee will be \$200.00 | Make check payable to<br>Florida Department of State |
|----------------------------------------------------------------------------|------------------------------------------------------|

|                                                |                                                                                 |                                                |                                               |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                 | 10. ADDITIONS/CHANGES                          |                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGING MEMBER<br>ANTHONY R. ASFUR<br>102 12th AVE. East<br>PALMETTO, FL 34221 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 000042632160<br>11/10/04--01027--012 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAMUEL J. ASFUR<br>130 Riviera Dunes Way<br>PALMETTO, FL 34221                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                               |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | DATE 11/5/04 |
|------------------------------------------------------------------------------------------------|--------------|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE