

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000053100

Entity Name: HOME INSPECTORS GUIDE L.L.C.

FILED
Nov 22, 2006
Secretary of State

Current Principal Place of Business:

1500 ALTON ROAD
FLOOR 2
MIAMI BEACH, FL 33139

New Principal Place of Business:

420 LINCOLN ROAD
STE 222
MIAMI BEACH, FL 33139

Current Mailing Address:

1500 ALTON ROAD
FLOOR 2
MIAMI BEACH, FL 33139

New Mailing Address:

420 LINCOLN ROAD
STE 222
MIAMI BEACH, FL 33139

FEI Number: 20-1394864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TABET, RICARDO
1500 ALTON ROAD
FLOOR 2
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

TABET, RICARDO
90 ALTON ROAD
PH 3209
MIAMI BEACH, FL 33139 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: RICARDO TABET

11/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: USA NATIONAL GUIDE L, LC
Address: 90 ALTON ROAD, #906
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: USA NATIONAL GUIDE L, LC
Address: 420 LINCOLN ROAD, STE 222
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO TABET

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11/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date