PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAB OMPAN' ISTATEM	Y		5	DEPAR' Secretary SION OF C	y of S			OCT -3 AM 8: 09	
DOCUMENT # L06000045600 1. Limited Liability Company's Name								SEULLIAR DE STATE TALLAHASSEE FLORIDA		
Financial Group of America, LLC								000136438610 09/29/0801061006 **277.50		
2. Principal Office Address - No P.O. Box # 3. Mai #623 #623					ing Office Address			CR2E041 (10/08) 4. State/Country of Formation		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				FL/US		
21218 St. Andrews Blvd.				21218 St. Andrews Blvd.				5. Date Organized or Qualified To Do Business in Florida2006		
City & State City					ty & State					
Boca Raton				Boca Raton				6. FEI Number Applied For Not Applicable		
Zip 33433	Country US		/	Zip 33433		Country		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent								T .		
Name Paul Honig								A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
Paul Honig Street Address (P.O. Box Number is Not Acceptable)										
2631 NW 42nd St										
Suite, Apt. #, Etc.										
City Boca Raton						State Zip Code FL 33434			itement be waived.	
9. I, being	appointed the	e register	ed agent of the at	ove named limite	ed liability co	mpany,	am familiar with and	accept the obliga	itions of Chapter 608, F.S.	·
Registered Agent REGISTERED AGENT MUST SIGN								Date 25Sep08		
10. Name	es and Street	Addresse	es of Managing Me	mbers/Managers		_		···		
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Manage				City / State / Zip	
Mgr	Mohammad Aboumahoub				7589 Fairmont Ct.				Boca Raton, FL 33496	
Mgr	Paul Honig				2631 NW 42nd St			<u>.</u>	Boca Raton, FL 33434	
									1 0011	-00
								L. SELLERS		
· ·	REINSTATEMENT 07-08 OCT - 62008									
									EXAMIN	ER
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 filling 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 Date 25Sep08 Daytime Phone # 561.504.0597										
Typed or printed name of signing Managing Member/Manager Paul Honig										