2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 17, 2007
Secretary of State

DOCUMENT# M06000005486

Entity Name: US FINANCIAL GROUP, LLC

Current Principal Place of Business:

C/O L.S. EVANS AND ASSOCIATES, P.A.
2121 S.W. 3RD AVENUE, #100
MIAMI, FL 33129

New Principal Place of Business:

459 BLUE ROAD
CORAL GABLES, FL 33146

Current Mailing Address:

C/O L.S. EVANS AND ASSOCIATES, P.A.
2121 S.W. 3RD AVENUE, #100
MIAMI, FL 33129

New Mailing Address:

459 BLUE ROAD
CORAL GABLES, FL 33146

FEI Number: 30-0167253 **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:

EVANS, LAWRENCE S
2121 S.W. 3RD AVENUE, #100
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

SINDIJA, ROBERT
3109 GRAND AVENUE
401
MIAMI, FL 33133 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: ROBERT SINDIJA 12/17/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TAPACZEK, VOLKER
Address: 3109 GRAND AVENUE 801
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TABACZEK, VOLKER
Address: 3109 GRAND AVENUE 404
City-St-Zip: MIAMI, FL 33133

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: VOLKER TABACZEK MGRM 12/17/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date