## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# M07000002608

Entity Name: AMERIFACTORS FINANCIAL GROUP, LLC

FILED Sep 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4000 PONCE DE LEON BLVD.

SUITE 470

CORAL GABLES, FL 33146

215 CELEBRATION PLACE SUITE 340

CELEBRATION, FL 34747

Current Mailing Address: New Mailing Address:

4000 PONCE DE LEON BLVD.215 CELEBRATION PLACESUITE 470SUITE 340CORAL GABLES, FL 33146CELEBRATION, FL 34747

FEI Number: 20-8957934 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: DANNY VERDECCHIA

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 MCDOWELL, DEREK
 Name:

 Address:
 4000 PONCE DE LEON BLVD.
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GOWEN, KEVEN R
 Name:

 Address:
 215 CELEBRATION PLACE SUITE 340
 Address:

 City-St-Zip:
 CELEBRATION, FL 34747
 City-St-Zip:

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: KEVIN R. GOWEN MGR 09/30/2008