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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		05 SEP 16 PM 3: H050002216383 SEC. OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 04-05																													
DOCUMENT # P03000023861 1. Corporation Name US MANAGEMENT GROUP, INC.																																	
2. Principal Office Address 3109 GRAND AVE Suite, Apt. #, etc. #401 City & State MIAMI FL Zip 33133		3. Mailing Office Address 3109 GRAND AVE Suite, Apt. #, etc. #401 City & State MIAMI FL Zip 33133		4. Date Incorporated or Qualified To Do Business in Florida 02/27/2003 5. FEI Number 320071797 6. CERTIFICATE OF STATUS DESIRED ☐ 8075 Additional Fee required for Certificate of Status																													
7. Name and Address of Current Registered Agent Name ROBERT SINDIJA Street Address (P.O. Box Number is Not Acceptable) 3109 GRAND AVE Suite, Apt. #, etc. #401 City MIAMI State FL Zip Code 33133																																	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Robert Sindija</i> ROBERT SINDIJA Date 08/24/05 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>ROBERT SINDIJA</td> <td>3109 GRAND AVE #401</td> <td>MIAMI FL 33133</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	ROBERT SINDIJA	3109 GRAND AVE #401	MIAMI FL 33133																				
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D	ROBERT SINDIJA	3109 GRAND AVE #401	MIAMI FL 33133																														
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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: <i>Robert Sindija</i> ROBERT SINDIJA 08/24/05 305-458-7890 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

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DATE: 08/24/2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: US MANAGEMENT GROUP, INC.
Document Number: P03000023861
ROBERT SINDIJA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT SINCE 2004.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305-456-7890 OR E-MAIL
US AT RSINDIJA@AOL.COM.

THANKS,


US MANAGEMENT GROUP, INC.
ROBERT SINDIJA

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16 Sep 2005 15:53

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Florida Department of State

Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

CORPORATION REINSTATEMENT

US MANAGEMENT GROUP, INC.

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