

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000090199 1. Entity Name UNITED STATES FINANCIAL GROUP, INC.					
Principal Place of Business 1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477			Mailing Address 1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 601 SEAFARER CIRCLE		3. Mailing Address 601 SEAFARER CIRCLE			
Suite, Apt. #, etc. SUITE 402		Suite, Apt. #, etc. SUITE 402			
City & State JUPITER, FL		City & State JUPITER, FL			
Zip 33477	Country US	Zip 33477	Country US	4. FEI Number 20-2762642	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TURNER, RICHARD C 4200 OAK ST. PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name TURNER, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 4200 OAK STREET City PALM BEACH GARDENS FL Zip Code 33418		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Richard C. Turner		12/19/2008	
<small>Signature, typed or printed name of registered agent and file if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPSD RICHMOND, BARNEY A <input type="checkbox"/> Delete 1016 CLEMMONS ST. SUITE 302 JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHMOND, BARNEY A 601 SEAFARER CIRCLE #402 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete TURNER, RICHARD C 4200 OAK ST PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 600142890726 02/05/09--01009--018 **2100.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered					
SIGNATURE:			Barney A. Richmond - President 12/19/2008 561-429-8704		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08