## FOR PROFIT CORPORATION **EPORT (UBR)**

| ONIFORM BOSINESS K                      |
|---|
| DOCUMENT # P05000050457  1. Entity Name |
| FINANCE-US GROUP INC.                   |
|   |



| FINANCE-US GROUP INC.                                  |   |  |                           |  |                   | 06 NOV 13 FN 2: 03   |                                |  |
|--|---|--|---------------------------|--|-------------------|--|--------------------------------|--|
| ı  | DO NOT WRITE                                  | IN THIS  | SPAC                      | CE   |                   |  | .is                            |  |
| Principal Place of Business     3. Mailing Address     |   |  |                           |  |                   |  |                                |  |
| 995 North<br>Suite, Apt.                               | n Miami Beach Boulevard                       | The same Suite, Apt. #, etc.   |                           |  | _ π               | REINSTATEMENT  |                                |  |
| Suite 124  |   | Suite, Apt. #, etc.  |                           |  | 11.               | (LIII ADAINTE  |                                |  |
| City & State<br>North Mia                              | ami Beach, Florida                            | City & State   |                           |  | 4. F              | 65-1247765   | Applied For Not Applicable     |  |
| Zip<br>33162   | Country                                       | Zip  | Country                   |  | <b>5</b> . C      | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |                                |  |
|  |   |  |                           | Name C   |                   | me and Address of Current Registers  | d Agent                        |  |
| DO NOT WRITE   |   |  |                           | SPIEGEL & UTREKA, P.A.                             |                   |  |                                |  |
|  |   |  |                           | Street Address (P.O. Box Number is Not Acceptable) |                   |  |                                |  |
|  | IN THIS SP                                    | ACE  |                           | 1840 Southwest 22 Street, 4th Floor                |                   |  |                                |  |
|  |   |  |                           | City Mia   | ımi               | FL Zip Code 33145  |                                |  |
| 8. The above   | named entity submits this statement for       | the purpose of changing  | ng its registe            |  |                   | ent, or both, in the State of Florida. I am  | familiar with, and accept      |  |
| the obligat  | ions of registered agent. SPIEGEI             | . & UTRIERA, P./   | Α.                        |  |                   | 4000818720<br>11/16/0601069007   | 314                            |  |
|  |   |  |                           | lia Utrera, Vice President                         |                   |  |                                |  |
| Jai  | nuary 1 - May 1 Fee is \$150.00               | ze inte i zapicasie.   | (NOTE: Negrala            | ing Agent Signature                                | s reduited within |  |                                |  |
| After May 1, Fee is \$550.00<br>Amended UBR is \$61.25 |   |  |                           |  |                   | Election Campaign Financing     Trust Fund Contribution.   | \$5.00 May Be<br>Added to Fees |  |
| Make Check   | Payable to Florida Department of OFFICERS AND |  | 1                         |  |                   |  |                                |  |
| TITLE  | PD  | Juico : Olio   |                           | LE .   | <del></del>       |  |                                |  |
| NAME.  | Joshua A. Katz                                |  |                           |  |                   |  | -                              |  |
| STREET ADDRESS<br>CITY-ST-ZIP                          |   |  |                           | REET ADDRESS                                       |                   |  |                                |  |
| TITLE  | Trotal Manti Bodon, 1 2 00 102                |  |                           | ILE .  |                   |  |                                |  |
| NAME   |   |  | NA                        | ME   | 1                 |  |                                |  |
| STREET ADDRESS   |   |  | REET ADDRESS<br>TY+ST+ZIP |  |                   |  |                                |  |
| CITY-ST-ZIP  |   | · · · · · · · · · · · · · · · · · · ·  |                           | LE   |                   |  |                                |  |
| NAMÉ   |   |  |                           | ME   |                   |  |                                |  |
| STREET ADDRESS   |   |  | DO NOT WRITE              |  |                   |  |                                |  |
| CITY-ST-ZIP  |   |  |                           | TY-SI-ZIP  | •••               |  |                                |  |
| TITLE<br>NAME  |   |  |                           | ile<br>Ime   |                   | IN THIS SPA  | CE                             |  |
| STREET ADDRESS   |   |  |                           | REET ADDRESS                                       |                   |  |                                |  |
| CITY-ST-ZIP  |   |  |                           | TY-ST-ZIP  |                   |  |                                |  |
| TITLE<br>NAME  |   |  | -                         | TLE I  |                   |  |                                |  |
| STREET ADDRESS   |   |  |                           | REET ADDRESS                                       |                   |  |                                |  |
| CITY-ST-ZIP  |   |  | cr                        | TY-ST-ZIP  |                   |  |                                |  |
| TITLE  |   |  | 1                         | TLE<br>AME   |                   |  | •                              |  |
| NAME<br>STREET ADDRESS                                 | <b>\</b><br>                                  |  |                           | REET ADDRESS                                       |                   |  |                                |  |
| CITY-ST-ZIP  |   | one of the state o | CI                        | TY-ST-ZIP  |                   | Annual An |                                |  |

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of suppliermental report is one and accounted 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 of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am an officer or director of the corporation of the receiver printing that I am a

**SIGNATURE:** 

Joshua A. Katz IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

## STATE OF FLORIDA ) COUNTY OF MIAMI-DADE)

- 1. Joshua A. Katz is the President of FINANCE-US GROUP INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.
- 3. That the Corporation failed to file its 2006 Annual Report or pay the 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 Annual Report fees and the filing of its 2006 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. FINANCE-US GROUP INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 3 day of NOVOMBOY, 2006

FURTHER, AFFIANT SAYETH NOT

FINANCE-US GROUP INC

By: Joshua A. Katz, President

SWORN AND SUBSCRIBE

before me this 3 day of 10 bloked, 20

Notary Public, State of Florida at Tage
Printed Nanta

Commi

Notary Public - State of Florida ty Commission Expires Aug 29, 2009 Commission # DD466934

Bonded By National Notary Assn.

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