

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000053936

1. Corporation Name
STATEWIDE PREMIUM FINANCE, INC.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *96-98*

2. New Principal Office Address, if Applicable
3716 S MILITARY TR

3. New Mailing Office Address, if Applicable
3716 S MILITARY TR

4. Date Incorporated or Qualified To Do Business in Florida
JULY 18, 1994

Suite, Apt. #, etc.

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5. FEI Number **65-0516148**
Applied For
Not Applicable

City & State
LAKE WORTH, FL

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LAKE WORTH, FL

Zip **33463** Country **USA**

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	MYRON H. FINKELSTEIN	2051 SW 52ND WAY	PLANTATION, FL 33317
S/D	PAUL C. MURSTEIN	250 PARK AVE, STE 2030	NEW YORK, NY 10017
G/D	CARL SEAMAN	250 PARK AVE, STE 2030	NEW YORK, NY 10017
T/V	JAMES W. BLAKE	2358 SUNDERLAND AVE	WELLINGTON, FL 33414
V	JOSEPH G. PRENDAMANO	718 JUNIPER PLACE	WELLINGTON, FL 33416

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<p>Signature of Registered Agent <i>[Signature]</i></p>	Name MYRON H. FINKELSTEIN
	Street Address (P.O. Box Number is Not Acceptable) 3716 S MILITARY TRAIL
	Suite, Apt. #, Etc.
	City LAKE WORTH

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Date **4/27/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(i), 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: *[Signature]* **JAMES W. BLAKE** 4/27/98 (561)968-9102X109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPR2040 (1/98)