

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 28 AM 8:15

DOCUMENT # L05000065964

1. Limited Liability Company's Name

Premium Finance Group, L.L.C.

2. Principal Office Address

c/o P. Financial, 255 Alhambra Circle

3. Mailing Office Address

c/o P. Financial, 255 Alhambra Circle

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Coral Gables, Fl.

City & State

Miami, Fl.

Zip

33134

Country

U.S.A.

Zip

33134

Country

U.S.A.

CR2E041 (8/05)

12/28/06 01038 016 \$150  
4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/27/05

6. FEI Number

203436823

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Schiffrin

Street Address (P.O. Box Number is Not Acceptable)

9130 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 1109

City

Miami

State

FL

Zip Code

33156

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date 12/27/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Vidal, Manuel	c/o P. Financial, 255 Alhambra Circle, Suite 600	Coral Gables, Fl. 33134

REINSTATEMENT  
2006  
- 4/11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date 12/27/06

Daytime Phone # 305-441-1265

Typed or printed name of signing Managing Member/Manager Manuel Vidal