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TALLAHASSEE, FLORIDA

Steven Hope ~~ONE~~

AUTHORIZATION BY PHONE TO

CONTACT by adding suffix INC.

DATE 10/29 @ 1:39 pm

DOC EXAM J. Bryan

J. BRYAN OCT 21 2005

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTA MONTA SPRINGS REINSURANCE LTD.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

STEVEN HOPE  
(Name of Person)

PARAMOUNT FINANCIAL INC  
(Firm/Company)

1250 DOUGLAS AVE. #100  
(Address)

LONGWOOD FL 32779  
(City/State and Zip code)

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For further information concerning this matter, please call:

STEVEN HOPE at (407) 862-3700  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. F. L. TRAMONTE SPRINGS Reinsurance, LTD. INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TURNER & CAICOES ISLANDS 3. 52-2138590  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Dec 23 1998 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1250 Douglas Ave Longwood FL 32779  
(Principal office address)

Same  
(Current mailing address)

8. Reinsurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

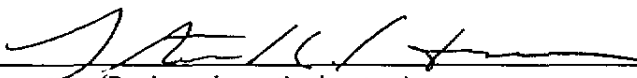
Name: Steven Hope

Office Address: 1250 Douglas Ave #100

Longwood, Florida FL 32779  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: Steven Hope

Address: 1250 Douglas Ave

Longwood FL 32779

Vice Chairman: Stephen R. Binge

Address: 1250 Douglas Ave

Longwood FL 32779

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS**

President: Same as Above

Address: \_\_\_\_\_

Vice President: Same as Above

Address: \_\_\_\_\_

Secretary: Steven Hope

Address: 1250 Douglas Ave Longwood FL 32779

Treasurer: Stephen R. Binge

Address: 1250 Douglas Ave Longwood FL 32779

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Steven Hope

(Signature of Director or Officer listed in number 12 of the application)

14. Steven R. Hope

(Typed or printed name and capacity of person signing application)



## Turks and Caicos Islands

# Certificate of Good Standing

Under the Companies Ordinance  
(Chapter 122)

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TALLAHASSEE, FLORIDA

Company Name: ALTA MONTE SPRINGS REINSURANCE, LTD.

Date of Incorporation or Registration 23<sup>rd</sup> December, 1998

Registered Number: E23610

This is to certify as follows:

1. That the above named entity is a Company that has been duly incorporated under the Companies Ordinance of the Turks and Caicos Islands.
2. That the Company has paid all fees and penalties due and payable under the provisions of the said Ordinance.
3. That no documents, proceedings, or notices have been filed with the Registrar of Companies to strike the Company's name off the Register of Companies, or to wind up the affairs of the Company.
4. That in so far as is evidenced by the documents filed with the Company Registrar, the Company is validly existing and is in good legal standing with the Companies Registry, as at the date hereof.

The holder should, if applicable, seek independent confirmation from the Financial Services Commission, or other relevant licensing authority, whether the Company is in Good Standing, or has otherwise complied, with the provisions of any other relevant legislation in force in the Islands.

Given under my hand and seal this 13th day of October, 2005

Deborah C. Ashton  
Sgt. Asst. Registrar of Companies

