2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 JUN -6 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000006128

1. Entity Name
PREMIER INSURANCE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
12225 EL CAMINO REAL STE 100 SAN DIEGO, CA 92130	12225 EL CAMINO REAL STE 100 SAN DIEGO, CA 92130

REINSTATEMENT 07-08
05232008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12255 El Camino Real	12255 El Camino Real
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State San Diego, CA	City & State San Diego, CA
Zip 92130 Country U.S.	Zip 92130 Country U.S.

4. FEI Number
33-0244097
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: CT CORPORATION SYSTEM M. T. Fitzpatrick M.T. FITZPATRICK ASSISTANT SECRETARY MAY 23, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	C NORLING, RICHARD ARTHUR 12225 EL CAMINO REAL STE 100 SAN DIEGO, CA 92130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RHOADS, ANN DENTON 12225 EL CAMINO REAL STE 100 SAN DIEGO, CA 92130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12255 El Camino Real Suite 100	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DOWDY, ROBERT LUIS 2320 CASCADE POINTE BOULEVARD CHARLOTTE, NC 28208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200130939362 06/06/08--01028--004 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, SYLVIA MOSS 12225 EL CAMINO REAL SAN DIEGO, CA 92130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12255 El Camino Real Suite 100	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP MEREDITH, LESLIE WAYNE 12225 EL CAMINO REAL SAN DIEGO, CA 92130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12255 El Camino Real Suite 100	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHUNKA, RICHARD 12225 EL CAMINO REAL SAN DIEGO, CA 92130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12255 El Camino Real Suite 100	☒ Change ☐ 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: Les Meredith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

858.509.6529
Les Meredith 5/23/08
Date Daytime Phone #