2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000001568

1. Entity Name
PVG INSURANCE GROUP, LLC

FILED

2005 DEC 20 P 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12122005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	Mailing Address
4040 NE 2ND AVE., STE. 304 MIAMI, FL 33137	4040 NE 2ND AVE., STE. 304 MIAMI, FL 33137

2. Principal Place of Business	3. Mailing Address
1314 E. Las Olas Blvd	1314 E. Las Olas Blvd
Suite, Apt. #, etc. # 285	Suite, Apt. #, etc. # 285
City & State Ft. Lauderdale	City & State Ft. Lauderdale
Zip Fl Country 33301	Zip Fl Country 33301

4. FEI Number 03-0416121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name: Maria Clara Garbati

Street Address (P.O. Box Number is Not Acceptable): 1314 E. Las Olas Blvd # 286

City: Ft. Lauderdale FL Zip Code: 33301

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: Maria Clara Garbati Maria Clara Garbati 12.14.2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERLA VENTURES GROUP, LTD. 4040 NE 2ND AVE., STE. 304 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PERLA VENTURES GROUP, LTD 1314 E. LAS OLAS BLVD. #285 FORT LAUDERDALE, FL 33301	☑ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete		400062285854 13/30/05 01017 004 155.00	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete		REINSTATEMENT 05 ews	☐ Change ☐ Addition
		☐ Delete			☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 12/14/05 954.653.3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #