2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M02000001568

1. Entity Name
PVG INSURANCE GROUP, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 20 AM 10:50

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

12122005 REIN-LLC CR2E101 (6/04)

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 FL	City & State Ft. Lauderdale FL
Zip 33301 Country	Zip 33301 Country

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name: MARIA CLARA GARBATI Street Address (P.O. Box Number is Not Acceptable): 1314 E. Las Olas Blvd # 285 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

Make check payable to Florida Department of State

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	☑ Change ☐ Addition MGRM PERLA VENTURES GROUP, LTD 1314 E. LAS OLAS BLVD. #285 FORT LAUDERDALE, FL 33301
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400062285854 12/20/05--01017--004 **155.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2005
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 #