PLEASE READ A	ALL INSTRUCTIONS			ING THIS FORM.	
FOR State REINSTATEMENT A DEPARTMENT OF STATE Saura Mortham Sed e for State DIVISION OF CORPORATIONS			FILED		
DOCUMENT #\J390135			98 JUN -3 AM 10: 37		
PREMIUM PARTNERS FUND, INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business 1600 W. Commercial Blvd. P.O.Box 9088 Ft. Lauderdale, FL 33309 Ft. Lauderdale, FL 33310-9088 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			1000025572214 -06/11/9801092021 ****523.75 ****523.75		
New Principal Office Address, If Applicable	New Mailing Office Address, If		Date Incorporated or Qualified To Do Business in Florida 10/13/86		
Suite, Apt. #, etc.	Suite. Apt. #, etc.		5. FEI Number		Applied For
City & State	City & State		59-2 6.	2725015	Not Applicable
Zip Country	Zip Countr	y 		OF STATUS DESIRED 158.75 Action a C	Iditional Fee required ertificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lease the street Address of Each Officers and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box I			City / State / Zip		
D Jesse P. Gaddis	221 W. Oa	akland Pk	. Blvd.	Ft. Lauderdale	, FL 33311
PD Philip E. Morgam	an 1600 W. C	Commercia	l Blvd.	Ft. Lauderdale	, FL 33309
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Alent		
Jo hn M. Camillo 1600 W. Commercia Ft. Lauderdale, F	Matthew T. Jones, Esq. Street Address (P.O. Box Number is Not Acceptable) 1600 W. Commercial Blvd. Suite, Apt. W. Etc.				
			Lauderdale State Zip Code 33309		
10. I, being appointed the registered dept of the Above parmy comparation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Date 6/2/98 REGISTER/CD AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intanglble Personal Property tax due June 30. (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: GIGNATURE INDIVIDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/2/98 (954)493-6565 Daylinic Phono #					





PREMIUM PARTNERS FUND, INC.

P.O. Box 9088 Fort Lauderdale, Florida 33310-9088

June 2, 1998

Telephone (954) 493-6565, ext. 654 Fax (954) 493-8620 1-(800)-275-1700

VIA UPS OVERNIGHT MAIL

Annual Reports
Dept. of State, Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: REINSTATEMENT OF PREMIUM PARTNERS FUND, INC.

To Annual Report Division,

Attached please find a completed application for reinstatement for Premium Partners Fund, Inc. (PPF) along with a check in the amount of \$523.75. PPF was administratively dissolved on 8/96. The reason that we did not send in the annual reports along with the required fees is that we never received them from the state.

I had a phone conversation with one of your representatives who informed me that since we did not receive the annual reports in the mail, I could write this letter and enclose it with the application for reinstatement and applicable fees so that the only amount due would be the sum of the regular fees for 1996-1998. Your representative calculated them for me as follows:

1996 \$200.00 1997 \$165.00 1998 \$150.00 \$515.00 Subtotal + \$8.75 Certificate of Status \$523.75 Total enclosed

One possible reason that we did not receive the annual reports is that we now have a different mailing address than the one recorded at the state. For future correspondence, please use the mailing address on our application for reinstatement. If I

can be of further assistance, feel free to contact me by mail or call at (800)275-2800 ext.331 or (954)493-6565 ext.331. The Certificate of Status may be mailed to our corporate mailing address to my attention. Thank you for your assistance in this matter.

Sincerely,

Daniel W. Carlson Compliance Attorney