READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Jim Smith FILED Secretary of State DIVISION OF CORPORATIONS 02 NOV -8 PM 2: 07 P01000081562 DOCUMENT # SECRETARY OF STATE 1. Corporation Name PARAMOUNT INSURANCE GROUP USA, INC. Principal Place of Business Mailing Address 8177 WEST GLADES SUITE 211 8177 WEST GLADES SUITE 211 **BOCA RATON FL 33434 BOCA RATON FL 33434** If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 8177 WEST GLADEI WEST L'WORES RA Suite, Apt 5. FEI Number Applied For City & State Not Applicable ATOW, F \$8:75-Additional Fee required for a Certificate of Status rim 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) . Officer and/or Director and/or Directors **BOCA RATON FL 33434** 8177 WEST GLADES SUITE 3 D KOZAK, TEVIE 8177 WEST GLODES STE-103 BOCK MATON, FC 33434 KOZAK, IRU <del>\_900008592999</del> 10/25/02--01054--018 \*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Date 10/22/02 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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:** 

Daytime Phone #

Date





## Paramount Insurance

• Home Health Care '

Medicare Supplements

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November 4, 2002

Dept. of Corporations Annual Report /Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

To whom this may concern:

Enclosed is the application for reinstatement of Paramount Insurance Group U.S.A., Inc. document #P01000081562.

I have never received the original application and was not aware that the fee to keep the corporation active was due.

I believe that the application went to the previous register agent who did not forward it to us. I am therefore changing the registered agent to myself, as I am the president of the corporation. In addition, the address has been changed to 8177 W. Glades Rod., Suite 103, Boca Raton, FL 33434. Both changes are also on the application for reinstatement.

Based on the above facts, I am requesting an abatement of the \$600.00 penalty, due to not having received reports in a timely manner. I have already sent a check for \$150.00 which is the annual fee. I sent it with a letter from our accountant that you have rejected and returned to me. You did not sent me back the check, so I assume that you still have it.

Should you have any questions, please feel free to call me at my office.

Very truly yours,

Íris Kozak