PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 4:50

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000075710

1. Corporation Name
Platinum Financial Group of South Fla,
1900 W. Commercial Blvd, Suite #7
Tamarac FL. 33319

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
1900 W. Commercial Blvd.	1900 W. Commercial Blvd.
Suite, Apt. #, etc.: 7	Suite, Apt. #, etc.: 7
City & State: Tamarac Florida	City & State: Tamarac, Florida
Zip: 33319 Country: U.S.	Zip: 33319 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 1/16/02

5. FEI Number: 41-2024102 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Chris Gibson

Street Address (P.O. Box Number is Not Acceptable): 1900 W. Commercial Blvd

Suite, Apt. #, Etc.: 7

City: Tamarac State: FL Zip Code: 33319

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8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: [signature] Date: 3/24/04
REGISTERED AGENT MUST SIGN

CR2E051 (01/04)

9. Names and Street Addresses of EACH Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/V/D	Chris Gibson	212 Lakeside Cir	Weston/FL/33319

10. I certify that I am an officer or director of the corporation 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: [signature] 3/24/04 (954)484-2969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #