

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029900

1. Corporation Name

PRIME AMERICA FINANCIAL Group, Inc.

2. Principal Office Address

10300 SUNSET DR

Suite, Apt. #, etc.

#140

City & State:

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Office Address

10300 SUNSET DR

Suite, Apt. #, etc.

#140

City & State:

MIAMI, FL

Zip

33173

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

412032791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge A. OTERO

800026625858

01/09/04--01078--014 **158.5

Street Address (P.O. Box Number is Not Acceptable)

1300 SUNSET DR #140

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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.S.T. D.	Jorge A. OTERO	10300 SUNSET DR #140	MIAMI, FL 33173
VP. D.	ANTONIO GALVES	10300 SUNSET DR #140	MIAMI, FL 33173

10. 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/03
Date

305/275-3037
Daytime Phone #

Dec 5, 03

Secretary of State
Division of Cooperation


Reference: Prudential Financial Group, Co.
Account # PO2000029900

Please be advised that I never received the
Annual report because I changed the Principal
Mailing Address at the beginning of the year
and the change was never done by your
office.

Due to this reason, I request that the
Penalty be waived and that the mailing
Address be updated.

Thank you in advance

Sincerely


George A. Otens
President