2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000006581

1. Entity Name
CPH INSURANCE GROUP, INC.

FILED
05 OCT 13 PM 12:07
REINSTATEMENT SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7311 N.W. 12 STREET, STE 9 MIAMI, FL 33126	7311 N.W. 12 STREET, STE 9 MIAMI, FL 33126

10122005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
P.O. Box 831411	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33283 Country: MIAMI DADE	Zip Country

4. FEI Number: 13-4234726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLORTEGUI, HERNAN D 7311 N.W. 12 STREET, STE 9 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Hernan D Olorteg
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 $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD OLORTEGUI, HERNAN D 7311 N.W. 12 STREET, STE 9 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. P DANILO GOMEZ P.O. Box 831411 MIAMI FL 33283	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Heistian Olorteg P.O. Box 831411 MIAMI FL 33283	☐ Change ☒ Addition
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hernan D Olorteg 10-12-05 3053893250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #