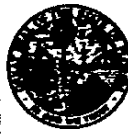


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000006581

1. Entity Name
CPH INSURANCE GROUP, INC.



FILED
05 OCT 13 PM 12:07

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

Mailing Address
7311 N.W. 12 STREET, STE 9
MIAMI, FL 33126

REINSTATEMENT
TALLAHASSEE, FLORIDA

2. Principal Place of Business
P.O. Box 831411
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



10122005 REIN-P CR2E098 (8/04)

City & State
MIAMI FL

City & State

4. FEI Number
13-4234726

Applied For
Not Applicable

Zip
33283 Country
MIAMI DADE

Zip Country

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

6. Name and Address of Current Registered Agent

OLORTEGUI, HERNAN D
7311 N.W. 12 STREET, STE 9
MIAMI, FL 33126

7. Name and Address of New Registered Agent

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 Olortegui*
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

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
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. P
DAVIDO GOMEZ
P.O. Box 831411
MIAMI FL 33283 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P
Christian Olortegui
P.O. Box 831411
MIAMI FL 33283 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800060720398
10/18/05--01051--017 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-05

Date

3053893250

Daytime Phone #