

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 OCT 26 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

DOCUMENT # P03000086539

1. Entity Name
PREMIUM CARE INSURANCE INC.



Principal Place of Business
915 N.W. 1ST. AVE. NO. 1608
MIAMI, FL 33136

Mailing Address
915 N.W. 1ST. AVE. NO. 1608
MIAMI, FL 33136

2. Principal Place of Business
915 NW 1ST AVE

3. Mailing Address
P.O. BOX 011347

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33136

Country
U.S.A

Zip
33101

Country
U.S.A

10202004 REIN-P CR2E098 (6/04)

4. FEI Number
56-2383804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OJEDA, ARTURO
915 N.W. 1ST. AVE. NO. 1608
MIAMI, FL 33136

7. Name and Address of New Registered Agent

Name ARTURO OJEDA
Street Address (P.O. Box Number is Not Acceptable)
915 NW 1ST AVE # 330
City MIAMI FL Zip Code 33136

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: *[Signature]* MIZEL ARTURO OJEDA (P) 10/20/04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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	PSTD OJEDA, ARTURO 915 N.W. 1ST. AVE. NO. 1608 MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTURO OJEDA 915 NW 1 ST AVE # 330 MIAMI, FL 33136 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* MIZEL ARTURO OJEDA 10/20/04 (786) 554-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #