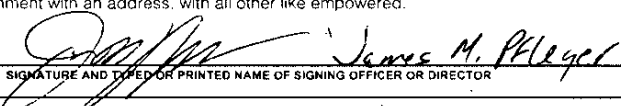


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000155166</b> 1. Entity Name <b>PREMIUM FINANCE GROUP, INC.</b>						<b>FILED</b> <b>06 DEC 26 AM 11:56</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O P. FINANCIAL, INC.</b> <b>255 ALHAMBRA CIRCLE, SUITE 600</b> <b>CORAL GABLES, FL 33134</b>				Mailing Address <b>C/O P. FINANCIAL, INC.</b> <b>255 ALHAMBRA CIRCLE, SUITE 600</b> <b>CORAL GABLES, FL 33134</b>			
2. Principal Place of Business		3. Mailing Address		 11292006 REIN-P CR2E098 (11/05) 06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHIFFRIN, MICHAEL</b> <b>9130 SOUTH DADELAND BOULEVARD, SUITE 1109</b> <b>MIAMI, FL 33156</b> 				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PFLEGER, JAMES M			NAME	<b>400084092744</b> <b>01/12/07--01003--007 **750.00</b>		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 600			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **James M. Pfleger** 11/29/06 (205) 539-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #