2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2008
Secretary of State

DOCUMENT# P06000005934

Entity Name: PREMIER INSURANCE GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

9500 N.W. 77 AVENUE
SUITE 19
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

3611 SW 87 AVENUE
MIAMI, FL 33165

Current Mailing Address:

9500 N.W. 77 AVENUE
SUITE 19
HIALEAH GARDENS, FL 33016

New Mailing Address:

3611 SW 87 AVENUE
MIAMI, FL 33165

FEI Number: 20-4119447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, OSVALDO
8400 S.W. 14 STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

TOURY, OLGA L
8400 S.W. 14 STREET
MIAMI, FL 33144 US

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.

SIGNATURE: O. TOURY 10/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: VICTORERO, NIVIA
Address: 9500 N.W. 77 AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: PVD (X) Delete
Name: TOURY, OLGA L
Address: 9500 NW 77 AVENUE, SUITE 22
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TOURY, OLGA L
Address: 3611 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA L TOURY P 10/15/2008
Electronic Signature of Signing Officer or Director Date