

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000114979

1. Entity Name
TG PREMIUM FUNDING, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -7 AM 11:36

Principal Place of Business
955 EGRET CIRCLE B203
DELRAY BEACH, FL 33444

Mailing Address
955 EGRET CIRCLE B203
DELRAY BEACH, FL 33444



2. Principal Place of Business - No P.O. Box #

4511 SOUTH OCEAN BLVD

3. Mailing Address

4511 SOUTH OCEAN BLVD

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

HIGHLAND BEACH FL

City & State

HIGHLAND BEACH FL

Zip

33487

Country

US

Zip

33487

Country

US

11052007

REIN-P

CR2E098 (1/07)

4. FEI Number

45-0542622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY J COHEN PA
10330 CEMELBACK LANE
BOCA RATON, FL 33498

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

Murray J Cohen P.A.

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, 2008, 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 P ☐ Delete
NAME GRESGE, TIMOTHY
STREET ADDRESS 955 EGRET CIRCLE B203
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300112084823
CITY-ST-ZIP 11/07/07--01049--016 **150.00

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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:

TIMOTHY GRESGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/07/07 561-542-4633

Date

Daytime Phone #

REINSTATEMENT