PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 10: 09

DOCUMENT # P92000010960

1. Corporation Name

Madison Premium Finance Corp.

2. Principal Office Address	**3.** Mailing Office Address	
1800 NE 114 St./	Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
#1205		

4. Date Incorporated or Qualified To Do Business in Florida   Dec. 1992

City & State	City & State
Miami, FL	Miami, FL

5. FEI Number   65-0374421   ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country
33181	USA	33181	USA

6. CERTIFICATE OF STATUS DESIRED ☐   **$8.75** Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven Weinberg

Street Address (P.O. Box Number is Not Acceptable)

7805 SW 6 Ct.

Suite, Apt. #, Etc.

100004683141--7
11/15/01--01023--004
****300.00   ****300.00

City	State	Zip Code
Plantation,	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent _____   Date 10/1/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Carolynn S., Friedman	1800 NE 114 St./ #1205	Miami, FL 33181
VP	"		
Treas.	"		
Secretary	"		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _Carol S.L._   8/10/01   305-812-9549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
CAROLYNN S. FRIEDMAN