2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000032004

1. Entity Name
AVIVA INSURANCE GROUP INCORPORATED

FILED
06 MAR 23 PM 3:38
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9742 BANYAN ST. MIAMI, FL 33157 US	9742 BANYAN ST. MIAMI, FL 33157 US

REINSTATEMENT (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0581512
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHIMEK, CLIFFORD 7920 SW 145 AVENUE MIAMI, FL 33183	Name: Craig M. Dorne, P.A. Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Road PH-SE City: Miami Beach FL Zip Code: 33139

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: President Craig M. Dorne 3/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	PD SCHIMEK, CLIFFORD 7920 SW 145 AVENUE MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9742 BANYAN STREET MIAMI FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SCHIMEK, ALICIA 7920 SW 145TH AVE MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9742 BANYAN STREET MIAMI FL 33157	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

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SIGNATURE: C. Schimek CLIFFORD SCHIMEK PRESIDENT 3/9/06 278-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel MAR 28 2006