

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065261

1. Corporation Name

MAGNOLIA PREMIUM FINANCE, INC.

Principal Place of Business

10691 N KENDALL DR. SUITE 304
MIAMI FL 33176

Mailing Address

10691 N KENDALL DR. SUITE 304
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1995

5. FEI Number

65-0635943

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD (DELETE)	GARNER, RANDOLPH	10691 N KENDALL DR, SUITE 304	MIAMI FL 33176
VD (DELETE)	WESTON, ADAM	10691 N KENDALL DR, SUITE 304	MIAMI FL 33176
P/V/S T/D	Lawrence Stumbaugh	10691 N. Kendall Dr. Suite 304	Miami, FL33176
(CHANGE)			

700008636167
10/28/02--01112--025 **150.00

8. Name and Address of Current Registered Agent

GARNER, RANDOLPH

10691 N KENDALL DR, SUITE 304
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

Lawrence Stumbaugh

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

10691 N. Kendall Dr.

Suite, Apt. #, Etc.

#304

City

Miami

State

FL

Zip Code

33176

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Lawrence Stumbaugh
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

Lawrence Stumbaugh
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-598-5161

MAGNOLIA PREMIUM FINANCE, INC.

Friday, October 25, 2002

Division of Corporation
Annual Report/Reinstatement Section
P.O.Box 6327
Tallahassee, FL

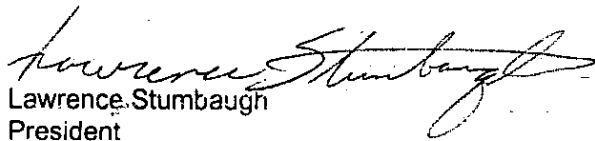
Dear Sir or Madam:

Enclosed please find and a check for \$150.00 and the Application for Reinstatement for the Document No: P95000065261, Magnolia Premium Finance, Inc.

Please be advised our company did not receive the two prior uniform business report (UBR) notices and therefore request for the reinstatement without penalty.

Should you require additional information, please feel free to contact us.

Sincerely,


Lawrence Stumbaugh
President

LS/sd