PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Γ	······································	TAGE HEAD	ALL INS	INUCTIO	NO BEFURE	POMPLE	ING THIS FORM	/ì.		
AF	PLICATION	J	FLORIDA		ENT OF STATE		,			
FOR 7			n	Jim Smith Secretary of State			FILED			
REIN	NSTATE L			IVISION OF COR		na	MOV O BALLO -			
DOCUMENT # P96000043840						عب ا	NOV -8 AM 10: 5	2		
Corporation Name						Ş	ECRETARY OF STATI LLAHASSEF FLORIC	Ε		
PRIME INSURANCE AND FINANCIAL SERVICES, INC.						I sign	LLAHASSEE FLORIC	Ā		
Principal Place of Business 10390 LAKE VISTA CIRCLE			Mailing Address				(1 2000 C)(1) OB210 BB((1 000) AB((1 0	1616 (116) (8)		
BOCA RATON FL 33498-6725			10390 LAKE VISTA CIRCLE BOCA RATON FL 33498-6725							
		· <u>·</u>								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/16/1996				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe	r		Applied For	
City & State			City & State			Not Applicable				
Zip	Coun	ntry .	Zip	Co	untry	6. CERTIFICATI	E OF STATUS DESIRED \$8	.75 Additi	ional Fee required	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea						st 3 directors)				
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					
D	D KANOF, STEVEN I.			10390 LAKE \	/ISTA CIRCLE		BOCA RATON FL 33498			
· - ;										
	,									
*****					11.					
						,50	podasaoz			
						117997	9291972006	**150	.00	
		 .						 		
8. Name and Address of Current Registered Agent Name						9. Name and A	ddress of New Registered	Agent		
KRASNOVE, BARBARA J. ESQUIRE 5701 N. PINE ISLAND ROAD STITE 220										
						Address (P.O. Box Number is Not Acceptable)				
TAMARAC FL 33321				Suite, Apt. #, Etc.						
,		<u></u>	<u> </u>		City		State	Zip Coo	te	
10. I, being	appointed the registe	red agent of the abov	e named corpor	ation, am familiar	with and accept the obli	igations of Section	on 607.0505, F.S. or 617.050	5, F.S.		
	<u>-</u>									
Signature of Registered A	\gent	SIGNAT	URE	REQU	JIRED		Data			
				NT MUST SIGN			Date			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28.02

561.447-9532

Date

Prime Insurance and Financial Services, Inc.

Life & Disability Insurance • Annuities • Mutual Funds & Retirement Products

10390 Lake Vista Circle Boca Raton, FL 33498-6725 Tel: (561) 477-9532 Fax: (561) 883-9366

10.78.05

To: FLORISTA STATE DEPT OF CORPORITIONS

RE: UNLECEINED UBR NOTICES!

FROM: STEVE FANOT

CC: SEAN TONER

To whom is May Concern,

THERE ARE 2 CORPORATIONS PETISTERIES TO FIND ADDRESS

PRIME BEARING INC, & PRIME INSURANCE, INC. WE

NEVER RECEIVED THE UBR NOTICES FOR PRIME INSURANCE?

PRIME BEARING WAS FLED, BUT PRIME INSURANCE WAS NOT!?

PER My Conversation with "SEAN TOWER" ON 10-23-2002

HE SAID TO RESUMIT THE FORM WITHE ORIGINAL

\$ 150.00 Application FEE, AND THAT WE WOULD BE ALL SET!

THANKS IN ASWANCE...

STEVE KANOF (PRESUMENT)

Prime Insurance and Financial Services, Inc.

Life & Disability Insurance • Annuities' • Mutual Funds & Retirement Products'

STEVEN KANOF PRESIDENT P.S. SEAN SAID SINCE MY AGENT HAD NOT CHAMPED, ID IO NOT MIED A SIG.

10390 Lake Vista Circle • Boca Raton, FL 33498-6725 Tel: (561) 477-9532 • Fax: (561) 883-9366

ngistered hipresentatius of and securities offered through MML intesturs Services Inc., a MassMutual subsidiers, Superiosor, Office, 1414 Main Serve Springfeed MA 01144 413 737-9400 Prime Insurance and Financial Services, and an autostatory or affiliase of MML Investors Services, Inc.