

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

99 DEC 30 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000010246

1. Corporation Name

N.I.C. PREMIUM FINANCE COMPANY

Principal Place of Business

Mailing Address

2121 PONCE DE LEON BLVD.
SUITE 1200
CORAL GABLES FL 33134

2121 PONCE DE LEON BLVD.
SUITE 1200
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2121 PONCE DE LEON BLVD

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE # 500

STE # 500

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33134

Country
USA

Zip
33134

Country
USA

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1998

5. FEI Number

65-6343857

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PD	RIVERA, CARLOS M	510 MUNOZ RIVERA AVE	HATO REY FL 00918
TD	GUZMAN, HILDA F	2121 PONCE DE LEON BLVD. #1200	CORAL GABLES FL 33134
VD	BENITEZ, MARIA D	510 MUNOZ RIVERA AVE	HATO REY PR 00918
SD	GARCIA, CARLOS	2121 PONCE DE LEON BLVD. #1200	CORAL GABLES FL 33134
			100003095331--8 -01/12/00--01002--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GUZMAN, HILDA F
2121 PONCE DE LEON BLVD.
SUITE 1200 # 500
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Hilda F. Guzman
REGISTERED AGENT MUST SIGN

Date

12/28/99

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Hilda F. Guzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/99 (305) 4453151
Daytime Phone #

KE