2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000044843

Name:

Address: City-St-Zip: FLYNN, TERRY L

24816 CARNOUSTIE CT

BONITA SPRINGS, FL 34135

FILED Apr 24, 2006 Secretary of State

Entity Nam	ie: PREMII	ER ASSURANCE SERVICES, II	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9240 BONITA BEACH RD., STE. 1118 BONITA SPRINGS, FL 34135			3920 VIA DEL REY 3		
			-	BONITA SPRINGS, FL 34134	
Current Ma	ailing Addr	ess:	New Mailing Addres	New Mailing Address:	
9240 BONITA BEACH RD., STE. 1118 BONITA SPRINGS, FL 34135			3920 VIA DEL REY 3		
				BONITA SPRINGS, FL 34134	
FEI Number:	59-3520943	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
DITMAR, LORI L 9240 BONITA BEACH RD., STE. 1118 BONITA SPRINGS, FL 34135 US			DITMAR, LORI L 3920 VIA DEL REY 3 BONITA SPRINGS, F	3920 VIÁ DEL REY	
The above in the State		y submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: LORI L DITMAR				04/24/2006	
	e with s. 607. paign Financ	onic Signature of Registered Ag 193(2)(b), F.S., the corporation did n ing Trust Fund Contribution ().	not receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FLYNN, MAR 24816 CARN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PST DITMAR, LO 18884 PINE FORT MYER	RUN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	٧	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI L. DITMAR **PRES** 04/24/2006