

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 8:22

DOCUMENT # P98000067190

1. Corporation Name

PRINCIPLE GROUP INC.

2. Principal Office Address

7300 W. SAMPLE RD

Suite, Apt. #, etc.

700

City & State

POMPANO BEACH

Zip

FL

Country

33073

3. Mailing Office Address

7300 W. SAMPLE RD

Suite, Apt. #, etc.

700

City & State

POMPANO BEACH

Zip

FL

Country

33073

4. Date Incorporated or Qualified
To Do Business in Florida

7-31-98

5. FEI Number

65-0857065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT KAGAN

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

6520 QUINTANA PLACE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

SK Scott Kagan

REGISTERED AGENT MUST SIGN

Date

9-17-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	SCOTT KAGAN	6520 QUINTANA PLACE	BOCA RATON, FL 33433

10. 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)(l), 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:

Scott Kagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-17-01 561 284-5967

Daytime Phone #

CR2E001 (9/00)

Principle Group, Inc.
2300 West Sample Road
Pompano Beach, FL 33073

Saturday, September 15, 2001

Department of State
Annual Report filings
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314

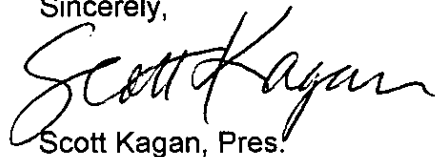
To Whom it May Concern:

I hereby request a waiver of the penalties imposed for late filing of the 2000 and 2001 annual report and am submitting a reinstatement form and a check herewith for \$300 covering both years.

We moved during the year and did not get the form.

Based on the forgoing I would appreciate if you can waive the penalty.

Sincerely,

A handwritten signature in cursive script that reads "Scott Kagan". The signature is written in dark ink and is positioned above the printed name "Scott Kagan, Pres.".

Scott Kagan, Pres.