


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000003934

1. Corporation Name

CPH INSURANCE AND FINANCIAL SERVICES, INC.

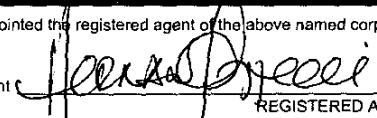
REINSTATEMENT 03-04

800032506048
04/13/04--01016--010 **300.00

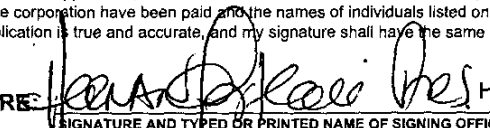
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc. 7311 NW 12TH ST #7		Suite, Apt. #, etc. 7311 NW 12TH ST #7	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country US	Zip 33126	Country US

4. Date Incorporated or Qualified To Do Business in Florida - 01-13-1999	
5. FEI Number 65-0886598	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name HERNAN OLORTEGUI		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc. 15801 SW 85TH ST.		
City MIAMI	State FL	Zip Code 33193

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 	Date 04-05-04
REGISTERED AGENT MUST SIGN	

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
PST	HERNAN OLORTEGUI	15801 SW 85 TERR	MIAMI, FL 33193
D	CHRISTIAN H. OLORTEGUI	15801 SW 85 TERR	MIAMI, FL 33193

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)(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 	HERNAN OLORTEGUI	04-05-04	305-389-3257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

7

Miami, April 5, 2003

**Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

**Re: CPH INSURANCE AND FINANCIAL SERVICES, INC.
Doc Number P99000003934**

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

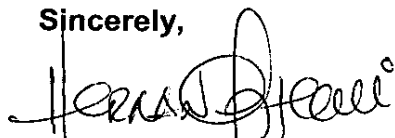
We are enclosing a check for \$300 to cover the following fees:

**2003 Uniform Business Report
2004 Uniform Business Report**

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1999.

Your consideration will be greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Hernan Olortegui", written over a vertical line.

**HERNAN OLORTEGUI
President
7311 NW 12TH ST #7
Miami, FL 33126**