

H030001831285

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -1 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V61309

1. Corporation Name

Quantum Premium Finance Corporation

2. Principal Office Address

110 SE 6TH STREET

3. Mailing Office Address

110 SE 6TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20TH FLOOR

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33301

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1992

5. FEI Number

65-0362902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUDITH BERNERO

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

110 SE 6TH STREET

Suite, Apt. #, Etc.

20TH FLOOR

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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


REGISTERED AGENT MUST SIGN

Date 5/1/03

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
PD	MICHAEL E. MAROONE	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301
VSD	JONATHAN P. FERRANDO	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301
T	MARC L. BOURHIS	110 SE 6TH STREET	FORT LAUDERDALE, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : AUTONATION
Account Number : I200000000096
Phone : (954) 769-7285
Fax Number : (954) 769-6311

CORPORATION REINSTATEMENT

QUANTUM PREMIUM FINANCE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00