PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 JUL -1 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100347422041
07/01/20--01001--002 **685.00

CR2E041 (1/14)

DOCUMENT # L16000020749

1. Limited Liability Company's Name
PREMIER TALENT & EVENT SERVICES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1125 NE 125TH STREET	1125 NE 125TH STREET
Suite, Apt. #, etc.: STE 231	Suite, Apt. #, etc.: STE 231
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33161 / Country: US	Zip: 33161 / Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 01/29/2016

6. FEI Number: 85-1137853 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

8. **Name and Address of Current Registered Agent**

Name: FRANCES MORALES

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1125 NE 125TH STREET STE 231

Apt. #, Etc:

City: NORTH MIAMI | State: FL | Zip Code: 33161

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: F Morales — Date: 05/22/2020
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	FRANCES MORALES	1125 NE 125TH STREET STE 231	NORTH MIAMI, FL 33161
			D. BRUCE AUG 10 2020

11. E-mail Address: premiertalentllc@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: F Morales — Date: 05/22/2020 Daytime Phone #: 305 720 0352
FRANCES MORALES