

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

**REINSTATEMENT 2001**

**FILED**

OCT 26 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M98000000413

1. Limited Liability Company's Name

Premium Services Management, LLC

2. Principal Office Address

3465 N. Desert Dr.

Suite, Apt. #, etc.

222

City & State

Atlanta, GA

Zip

30344

Country

USA

3. Mailing Office Address

3465 N. Desert Dr.

Suite, Apt. #, etc.

222

City & State

Atlanta, GA

Zip

30344

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified To Do Business in Florida

June 7, 1996

6. FEI Number

58-2259104

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

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

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

800004663068-9

11/01/01-01064-017

\*\*\*155.00 \*\*\*155.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

JOAN BOLDEN

REGISTERED AGENT MUST ASSISTANT SECRETARY

Date

10/16/01

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leonard Golden	3465 N. Desert Drive, 222	Atlanta, GA 30344
MGRM	Janice Golden	3465 N. Desert Drive, 222	Atlanta, GA 30344

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager

Date

10/21/01

Daytime Phone #404-767-5600

Typed or printed name of signing Managing Member/Manager

Leonard Golden

CR2E041 (9/01)