

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 27 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


REINSTATEMENT 03-04

600027399146  
01/22/04--01019--029 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida 12-11-92

5. FEI Number 65-0385785 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P92000011591</u> 1. Corporation Name <b>PREMIER SURFACES INC</b>	
2. Principal Office Address <b>14400 W PALIMINO DRIVE</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>PO BOX 26748</b> Suite, Apt. #, etc.
City & State <b>SOUTHWEST RANCHES FL</b>	City & State <b>TAMARAC FL 33320-6748</b>
Zip <b>33330</b> Country	Zip <b>33320-6748</b> Country

7. Name and Address of Current Registered Agent	
Name	<b>SCOTT TOMASULO</b>
Street Address (P.O. Box Number is Not Acceptable)	<b>14400 W PALIMINO DRIVE</b>
Suite, Apt. #, Etc.	
City	<b>SOUTHWEST RANCHES</b>
State	<b>FL</b>
Zip Code	<b>33330</b>

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 Scott Tomasulo Pres Date 01/13/04

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
DP	SCOTT TOMASULO	14400 W PALIMINO DRIVE	SOUTHWEST RANCHES FL 33330
DVP	MARY TOMASULO	8551 NW 24TH STREET	SUNRISE FL

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: Scott Tomasulo Pres. Scott Tomasulo Pres Date 01/13/04 Daytime Phone # 954-214-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE081 (10/02)