

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 19 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080576**

1. Corporation Name

PREMIER PROPERTY INVESTMENTS, INC.

2. Principal Office Address

14858 Hidden Oaks Cir.

Suite, Apt. #, etc.

Clearwater

City & State

Clearwater, FL

Zip

33764

Country

3. Mailing Office Address

14858 Hidden Oaks Cir

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33764

Country

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3470708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas L. Hilkert

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

2557 Nursery Road Suite A

Suite, Apt. #, Etc.

City

Clearwater, FL 33764

State
FL

Zip Code
33764

200004192422-4
-05/10/01--01017--018
***1050.00 ***1050.00

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

APR 10 2001

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
DTS	James R. Strandlof	14858 Hidden Oaks Cir.	Clearwater, FL 33764
DP	Frank R. Marcello	3423 Mermoor Dr., #301	Palm Harbor, FL 34685
			LS

CR2E081 (9/00)

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

4-10-01

Date

784-7686

Daytime Phone #