

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 14 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000106034

1. Corporation Name

Premier Auto #NC

2. Principal Office Address

5976 20th ST

Suite, Apt. #, etc.

#138

City & State

Vero Beach FL

Zip

32966

Country

INDIAN RIVER

3. Mailing Office Address

5976 20th ST

Suite, Apt. #, etc.

#138

City & State

Vero Beach FL

Zip

32966

Country

INDIAN RIVER

200037791292

06/09/04--01019--013 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/00

5. FEI Number

65-1054370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Robert Schraw

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

243 MOSSWOOD CIR

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

R.E.Schraw

Date 5-13-04

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
P.Y.S.T	Robert Schraw	243 MOSSWOOD CIR	WINTER SPRINGS, FL 32708

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)(f), 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

Date

Daytime Phone

5-13-04 407-468-0136

5-13-04

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Premier Auto Inc

TO Whom it may concern;

I did NOT recieve my 2001 ~~and~~ First or Second
Notice annual report for Premier Auto Inc.



Phone 407-468-0136

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TALLAHASSEE, FLORIDA