

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC 15 PM 3:10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012035

**1. Limited Liability Company's Name**

Premier Investors of Palm Beachm L.L.C.

**2. Principal Office Address**

3201 W. Griffin Rd

Suite, Apt. #, etc.

Suite #106

City & State

Dania Beach, FL

Zip

33312

Country

USA

**3. Mailing Office Address**

3201 W. Griffin Rd

Suite, Apt. #, etc.

Suite #106

City & State

Dania Beach, FL

Zip

33312

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified**

To Do Business in Florida 7-21-01

**6. FEI Number**

65-1122524

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

Deckelbaum, Gordon

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

3201 W. Griffin Rd #106

Suite, Apt. #, Etc.

City

Dania Beach

State

FL

Zip Code

33312

**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

REGISTERED AGENT MUST SIGN

Date

12/10/03

**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
Mgr	Deckelbaum, Gordon	3201 W. Griffin Rd #106	Dania Beach, FL 33312
Mgr	Kempner, Michael	3201 W. Griffin Rd #106	Dania Beach, FL 33312

REINSTATEMENT

2003

**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

11/20/03

Daytime Phone #

954-965-3636

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)