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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -8 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026362

Name and Mailing Address

0012307 01 AT 0.292 **AUTO T5 0 0615 33434-440616

A PREMIERPROPERTY MAINTENANCE, L.L.C.
2716 NW 37TH STREET
BOCA RATON FL 33434-4406

100026471871
01/08/04--01/01/05--008 **200.00



2. New Mailing Address SAME AS ABOVE		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/07/2002	
Principal Place of Business 2716 NW 37TH STREET BOCA RATON FL 33434	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 05-0534066	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ATLANTIC TECH SYSTEMS, L.L.C. 161 COMMERCE ROAD UNIT 2 BOYNTON BEACH FL 33426	9. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **1/4/04**

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FISHER, BRAD L	2716 NW 37TH STREET	BOCA RATON FL 33434
MGR	LEISING, MICHAEL	6111 NW 4TH AVENUE	BOCA RATON FL 33487

REINSTATEMENT

OK

12. 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

SIGNATURE REQUIRED

Date **1/4/04** Daytime Phone # **561-586-1516**

Typed or printed name of signing Managing Member/Manager

BRAD L FISHER

CR2E(84 (7/03)