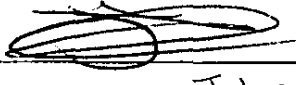


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000028404 1. Limited Liability Company's Name Premier Investments, LLC 9/28/03			
2. Principal Office Address 5434 W. Sample Rd. Suite, Apt. #, etc. #207 City & State Margate, FL Zip 33073 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation FL / USA		5. Date Organized or Qualified To Do Business in Florida 10/25/2002	
6. FEI Number		☐ 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 Rodney Way Street Address (P.O. Box Number is Not Acceptable) 2620 NW 22 St. Suite, Apt. #, Etc. City Fort Lauderdale State FL Zip Code 33311 600027374706 01/22/04--01005--007 ** 05.00			
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 Rodney Way REGISTERED AGENT MUST SIGN Date 1/8/04			
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
MGRM	Johnathan Smith	5434 W. Sample Rd. #207	Margate, FL 33073
REINSTATEMENT 2003-2004 (BKR)			
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 1/8/04 Daytime Phone # (954) 759-3433 Typed or printed name of signing Managing Member/Manager Johnathan Smith			

FILED
04 JAN 14 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E04 (10/02)