

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

03 NOV 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029746

Name and Mailing Address

0015023 01 AB 0.301 **AUTO T6 2 0615 32608-810673



PREMIERE EVENT MANAGEMENT, LLC
5216 SW 91ST TERRACE, SUITE A
GAINESVILLE FL 32608-8106



04/30/03 90179 011 \$55.00

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/06/2002

Principal Place of Business

5216 SW 91ST TERRACE, SUITE A
GAINESVILLE FL 32608

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

06-1664648

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

PRATT, RALPH C
5216 SW 91ST TERRACE, SUITE A
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Ralph C. Pratt SIGNATURE REQUIRED

Date 10-28-03

REGISTERED AGENT MUST SIGN

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
P	Ralph C. Pratt	5216 SW 91 Terr #A	Gainesville, FL 32608

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

Ralph C. Pratt SIGNATURE REQUIRED

Date

Daytime Phone # 352-379-8220x4

Typed or printed name of signing Managing Member/Manager

Ralph C. Pratt

CR2E084 (7/03)

208

October 20, 2003

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: Premiere Event Management, LLC
FEI 06-1664648

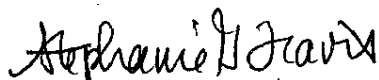
We are in receipt of the enclosed Application for Reinstatement regarding our client, the above referenced corporation.

Please note that the UBR and payment of \$55.00 was sent to the State in January of this year. After calling the Registration office to determine why the State does not show this corporation as active, the Registration office told us that information was missing on the original UBR sent in January. We, nor our client, received anything from State requesting additional or missing information.

Enclosed please find a completed Application for Reinstatement and we ask that the \$150 fee be waived.

Thank you for your consideration.

Sincerely,



Stephanie G. Travis, M.Acc.
Accounting Department Supervisor

/sgt