PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 JAN 16 PM 4:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L-02000030844

1. Limited Liability Company's Name
Premier Investment Group, LLC

2. Principal Office Address	3. Mailing Office Address
5030 Champion Blvd.	
Suite, Apt. #, etc.: bldg. G-16, Ste. 443	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33496 Country: USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 11/18/2002
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

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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 Date:
REGISTERED AGENT MUST SIGN

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	Doyle Aaron	5030 Champion Blvd #443	Boca Raton, FL 33496
		REINSTATEMENT	2003-04

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: 1/12/04 Daytime Phone #: 954 759-3433

Typed or printed name of signing Managing Member/Manager: