PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

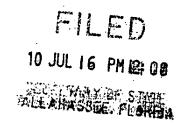


FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L03000010208

1. Limited Liability Company's Name



PREM	IER PA	RTN	IERS	, LLC			
Principal Office Address - No P.O. Box #		3. Mailing Office Address			CR2E041 (05/10)		
749 Paradiso Ave		749 Paradiso Ave			4. State/Country of Formation		
Suite, Apt. #, etc.		Suite. Apt. #, etc.			Florida/USA 5. Date Organized or Qualified To Do Business in Florida March 20, 2003		
City & State		City & State			6. FEI Numbe	iviaicii i	ZU, ZUUS Applied For
Florida, Coral Gables		Florida, Coral Gables			. ,		Not Applicable
33146	Country	^{Zip} 33146	บร	<i>'</i>	7. CERTIFICATE		Additional Fee required a Certificate of Status
Name and Address of Current Registered Agent							
^{Name} Ashley P. Batista							
Street Address (P.O. Bo 749 Paradiso Ave	x Number is Not Acceptable						
Suite Apt #, Etc.							
City Coral Gables				Zip Code 33146			
9. I, being appointed the	e registered agent of the abo	ve named limites	liability company	, am familiar with and a	accept the obligat	tions of Chapter 608, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 6/29/10		
10. Names and Street.	Addresses of Managing Mer						
Titles	Name of Managing Members/ Managers			Street Address of Each naging Member/Manag		City / State / Zip	
MGRM Ashlo	Ashley P. Batista		749 Paradiso Ave		е	Coral Gables,	FL 33146
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11, E-mail Address:——			(To be used for futur	a annual report posification	oc)		
(To be used for future annual report notifications) 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 filling 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							
Signature of Managing Member/Manager Daytime Phone # 305-282-3446							
Typed or printed name of signing Managing Member/Manager							