

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

PREMIER PARTNERS, LLC

2. Principal Office Address - No P.O. Box #

749 Paradiso Ave

Suite, Apt. #, etc.

City & State

Florida, Coral Gables

Zip

33146

Country

USA

3. Mailing Office Address

749 Paradiso Ave

Suite, Apt. #, etc.

City & State

Florida, Coral Gables

Zip

33146

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

March 20, 2003

6. FEI Number



Applied For



Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name

Ashley P. Batista

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

749 Paradiso Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Ashley P. Batista

Date 6/29/10

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	Ashley P. Batista	749 Paradiso Ave	Coral Gables, FL 33146
			300183362239 07/16/10--01036--002 **377.50

11. E-mail Address:

(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 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

Ashley P. Batista

Date 6/29/10

Daytime Phone # 305-282-3446

Typed or printed name of signing Managing Member/Manager