

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 13 AM 9:23

DOCUMENT # L03000038493

1. Limited Liability Company's Name

PREMIER FINANCIAL SERVICES

2. Principal Office Address

4992 SW 167TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

33027

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

10/09/2003

6. FEI Number

N/A

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

CATUSCIA BIEN-AIME

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

4992 SW 167TH AVE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

Catuscia Bien-Aime

REGISTERED AGENT MUST SIGN

Date

10/2/06

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	CATUSCIA BIEN-AIME	4992 SW 167TH AVE	MIRAMAR, FL 33027

300080833283
10/13/06--01058--004 **250.00

REINSTATEMENT

04-06

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

Catuscia Bien-Aime

Date 10/2/06

Daytime Phone#

954-993-8079

Typed or printed name of signing Managing Member/Manager

CATUSCIA Bien-Aime