

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

6110
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 13 PM 2:26

DOCUMENT # L04000002397

1. Limited Liability Company's Name

PREMIER STAFFING CONCEPTS LLC

600180786466
05/12/10--01037--028 **\$55.00

CR2E041 (11/09)

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

6013 NW 56 DR

Suite, Apt. #, etc.

3. Mailing Office Address

6013 NW 56 DR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

1/09/2004

6. FEI Number

20-0576375

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

JOHN D'AMATO

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

6013 NW 56 DR

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33067

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 5/9/10

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
MGR	JOHN D'AMATO	6013 NW 56 DR	CORAL SPRINGS, FL 33067
MGR	LISA D'AMATO	6013 NW 56 DR	CORAL SPRINGS, FL 33067

REINSTATEMENT 2007-2010

11. E-mail Address: JDAMATO@PREMIEREGRP.COM

(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

Date 5/9/10

Daytime Phone # 954-347-9990

Typed or printed name of signing Managing Member/Manager

T. Hampton MAY 14 2010

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