

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 NOV 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 0400000 8892

1: Limited Liability Company's Name

Premier Enterprises, LLC

200241753562
11/13/12--01029--020 **541.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>4337 Winding Place</u>		3. Mailing Office Address <u>4337 Winding Place</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Fort Pierce, FL</u>		City & State <u>Fort Pierce, FL</u>	
Zip <u>34981</u>	Country <u>USA</u>	Zip <u>34981</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/2/2004</u>	
6. FEI Number <u>861095485</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Wendy R. Lounds</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>4337 Winding Place</u>			
Suite, Apt. #, Etc.			
City <u>Fort Pierce</u>	State <u>FL</u>	Zip Code <u>34981</u>	

E-mail Address:

wrlounds@gmail.com

(To be used for future annual report notices)

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

W-S

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
MG RM	Wendy R. Lounds	4337 Winding Place	Fort Pierce, FL 34981

REINSTATEMENT 2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

W-S

Date

11-9-12

Daytime Phone #

772-291-3116

Typed or printed name of signing Managing Member/Manager