PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

mail to ↙

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee FL. 32314

DEC -4 PM 2:40

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000051100

1. Limited Liability Company's Name

PREMIUM POW-R LLC
1087 LAUREL WOODS DR.
NOKOMIS, FL 34275

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1087 LAUREL WOODS DR	1087 LAUREL WOODS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS, FL	City & State: NOKOMIS, FL
Zip: 34275 / Country: USA	Zip: 34275 / Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 05/23/2005

6. FEI Number: 20-2886095 ☐ 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: DANIEL HICKS

Street Address (P.O. Box Number is Not Acceptable): 1087 LAUREL WOODS DR

Suite, Apt. #, Etc.:

City: NOKOMIS | State: FL | Zip Code: 34275

☒ 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: Dan Hicks — Date: 11-28-07

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
MGR	DANIEL WHICKS	1087 LAUREL WOODS DR.	NOKOMIS, FL 34275
			700112717347 11/30/07--01017--006 **100.00

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: Dan Hicks — Date: 11-28-07 — Daytime Phone#: 904 235-8834 (941) 488-0375

Typed or printed name of signing Managing Member/Manager: DANIEL HICKS