

**COMPANY
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 0 7000095778**

1. Limited Liability Company's Name

Premier Financial Solutions, LLC

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

4300 Bayou Blvd

Suite, Apt. #, etc.

25 E

City & State

Pensacola, FL

Zip

32503

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9 / 19 / 2007

6. FEI Number

83-0494513

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

Jerry A. Reed

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

1713 Pine Bay Drive

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

[Signature]

Date

12-18-2009

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
President	Jerry A. Reed	1713 Pine Bay Drive Lake Mary, FL 32746	
CEO	Jay T. Rinehart	5456 Heatherton Rd	same
Admin	Tina S. Rinehart	Milton, FL 32570	
REINSTATEMENT -08-09			

11. E-mail Address:

jay.rinehart@yahoo.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 608.408, 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

[Signature], CEO

Date

12/18/09

Daytime Phone #

850-418-2903

Typed or printed name of signing Managing Member/Manager

n.p

FILED

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SECRETARY OF STATE

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