

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 31 AM 10:41
SECRETARY OF STATE
KATHLEEN HARRIS

DOCUMENT # L13000068957

1. Limited Liability Company's Name

PREMIERE BUILDERS GROUP LLC

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

1601 36TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1601 36TH STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32809

Country

USA

Zip

32809

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 10, 2013

6. FEI Number

46-2753177

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

TROID HAIR

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

1601 36TH STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

600267890936
12/31/14--01015--004 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Troid Hair

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
PRESIDENT	TROID HAIR	1601 36TH STREET	ORLANDO, FLORIDA 32809

REINSTATEMENT

DEC 31 2014
R. HUNT

11. E-mail Address: **BIZSERVICE@IBASUCCESS.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Troid Hair

Date

12/30/2014

Daytime Phone #

407-985-0029

Typed or printed name of signing Authorized Representative/Manager **TROID HAIR**