

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L15000092449

1. Limited Liability Company's Name  
Premier Products, LLC

500329455325  
05/13/19--01025--029 \*\*655,00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
100 Bayview Drive

3. Mailing Office Address  
100 Bayview Drive

Suite, Apt. #, etc  
Ste 1116

Suite, Apt. #, etc  
Ste 1116

City & State  
Sunny Isles Beach FL

City & State  
Sunny Isles Beach FL

Zip  
33160

Country  
USA

Zip  
33160

Country  
USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 05/26/2015

6. FEI Number  
47-4125620

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  
Marc Dumont

Street Address (P.O. Box Number is Not Acceptable) Suite,  
100 Bayview Drive

Apt. #, Etc  
Ste 1116

City  
Sunny Isles Beach

State  
FL

Zip Code  
33160

S TALLENT

MAY 23 2019

FILED  
2019 MAY 13 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/24/2019

**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
CEO	Marc Dumont	100 Bayview Drive Ste 1116	Sunny Isles Beach FL 33160

11. E-mail Address marc@premierproducts-ltd.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 805, 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 requirement of section 805.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Marc Dumont

04/24/2019

Date

Daytime Phone #

4047239085