PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY					
COMPANY					
REINSTATEMENT					



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

2020 JUL - 1 PM 1: 00

DOCUMENT # L16000020749 1. Limited Liability Company's Name PREMIER TALENT & EVENT SERVICES, LLC				SECRETARY OF STATE TALL AHASSES, FLORIDA		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				100347422041 07/01/2001001002 **685.00 cr26041(1/14)		
1125 NE 125TH STREET		1125 NE 125TH S	1125 NE 125TH STREET		r of Formation	
Suite, Apt. #, etc. STE 231		Suite, Apt. #. etc. STE 231			5. Date Organized or Qualified To Do Business in Florida 01/29/2016	
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL	City & State NORTH MIAMI, FL		6. FEI Number Applied For 85-1137853 Not Applicable	
Zip 33161	Country	33161	Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional For required for a certificate of status		
8. Name and Address of Current Registered Agent Name FRANCES MORALES Street Address (P.O. Box Number is Not Acceptable) Suite, 1125 NE 125TH STREET STE 231 Apt. #. Etc City NORTH MIAMI 8. Name and Address of Current Registered Agent Street Agent State Zip Code 33161				- - -		
Signature of Registered Agen		CUCO/) REGISTERED AGENT MUST SIGN		cept the obligations of	Date	
10. Names and	Street Addresses of Authorized Repo	resentatives/Managers	Charles Address of Forb	·		
Titles	Name of Authorized Representative Managers	'es/	Street Address of Each Authorized Representative/ Manager		City / State / Zip	
MGR			1125 NE 125TH STREET STE 231		NORTH MIAMI, FL 33161	
					D. BRUCE	
					AUG-1-0-2020	
11, E-mail Addr	ress: <u>prem</u>	vertalent	C a gma	il com		
certify that when 605.0012, F.S.,	en filing this reinstatement applicati , and that all fees owed by the limit	e/ manager or the receiver or the tion the reason for dissolution ha ited liability company have been	rustee empowered to execute as been eliminated, the limite n paid. The information indic	te this application as ted liability company cated on this applicat	provided for in Chapter 605, F.S. I further name satisfies the requirement of section tion is true and accurate, and my signature ment of State constitutes a third degree	

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

FRANCES MORALES

Date OS | 300 Daytime Phone # 305 730 0352