الم المراجع

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

| | RPORATI STATEM | | | 5 | (atherir ecretar | TMENT One Harris y of State ORPORATION | | | 02 FEB 21 AH 11: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|--|--|----------|---------------------------------------|-----------------|---------------------------|--|----------|-----------------------------------|---|--|
| DOCUMENT # L20795 1. Corporation Name | | | | | | | | | | |
| PREMIER DEVELOPMENT INTERNATIONAL, TINC. | | | | | | | K | | | |
| 2. Principa | al Office Addre | ess | | 3. Mailing O | 3. Mailing Office Address | | | CONTRAINED TO SERVICE | TRATEBEES AL AN | |
| 1800 Granada | | | | 1800♀ | 1800°Granada | | | REINSTATEMENT <u>01-02</u> | | |
| Suite, Apt. # | ‡, etc. | | | Suite, Apt. #, | Suite, Apt. #, etc. | | | 4. Date Incorporated or Qualified | | |
| City & State | | | | City & State | City & State | | | To Do Business in Florida | | |
| Coral Gables, Fl | | | | Coral | Coral Gables, Fl | | | 5. FEI Number | | |
| Zip C | | Country | Country Zip | | | | | 6\$9.75 Additional Consequied | | |
| 3313 | 4 | U | S | 33134 | | US | | CERTIFICATE | OF STATUS DESIRED for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name Richard A. Wood, Esq. Street Address (P.O. Box Number is Not Acceptable) -03/08/0201011023 | | | | | | | | | :0000507220 69 | |
| | 100 S.E. 2nd Street. *********************************** | | | | | | | | | |
| | Suite, Apt. #, Etc. 17th Floor | | | | | | | | | |
| 1 | City Miami | | | | | | | | State Zip Code FL 33131 | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | | | | | | | | | |
| Signature of Registered Agent Date 2/14/02 REGISTERED AGENT MUST SIGN | | | | | | | | | | |
| | | | | • | | | | d O Prositions | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City (State 17 directors) | | | | | | | | | | |
| Titles | Officers and/or Directors | | | | Officer and/or Director | | | | City / State / Zip | |
| D | George | Tim | insky | | 1800 Granada | | | | Coral Gables, F1 33134 | |
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| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone # | | | | | | | | | | |
| | s | IGNATURI | E AND TYPED OR | PRINTED NAME OF | SIGNING O | FRICER OR DI | RECION | | Daytime Phone # | |