

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 19 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L45991

1. Corporation Name

Premier Motors, Inc

2. Principal Office Address

3. Mailing Office Address

1703 N Main Street

1703 N Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

Zip

Country

32609

USA

32609

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2999631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

700013628327  
03/06/03--01050--016 \*\*2400.00

7. Name and Address of Current Registered Agent

Name

James L. Indianos

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

1703 N Main Street

Suite, Apt. #, Etc.

City

Gainesville

State  
FL

Zip Code  
32609

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

REGISTERED AGENT MUST SIGN

Date 2-11-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James L. Indianos	6218 SW 37th Way	Gainesville, FL 32608

REINSTATEMENT 00-03 TO

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 filing 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

James L. Indianos, Pres

Date 2-10-03

352 372 6999  
Daytime Phone #

CR2E081 (10/02)