

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 OCT 17 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L98000001059**

1. Limited Liability Company's Name

PREMIER MODULAR BUILDINGS, L.C.

REINSTATEMENT 2000

2. Principal Office Address

387 TAFT-VINELAND RD

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32824

Country

USA

3. Mailing Office Address

387 TAFT-VINELAND RD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

7-14-98

6. FEI Number

59-3530011

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

CORPORATE Access, Inc

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

236 EAST 6th AVENUE

Suite, Apt. #, Etc.

City

Tallahassee

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*****155.00 ***155.00**

State
FL

Zip Code
32303

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Day B...
REGISTERED AGENT MUST SIGN

Date

10/17/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM Pres	DAVID CHARBONNEAU	387 TAFT-VINELAND RD	ORLANDO, FL 32824

DB
10-17-00

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

DC

Date **10/16/00**

Daytime Phone # **407-888-2022**

Typed or printed name of signing Managing Member/Manager **David Charbonneau**