

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 23 PM 11:02

DOCUMENT # L99000003894

1. Limited Liability Company's Name

Premier Modular Leasing, L.C.

2. Principal Office Address

387 Taft-Vineland Rd

Suite, Apt. #, etc.

City & State

Orlando FL

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

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6/30/99

6. FEI Number

59-3595295

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

David Charbonneau

200003458122-1

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

387 Taft-Vineland Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/00

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
MEM	David Charbonneau	387 Taft-Vineland Rd	Orl FL 32824

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

[Signature]

Date 10-16-00

Daytime Phone # 407-888-2022

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