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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LIMITED LIABILITY REINSTATEMENT
PREMIER UTILITY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M14000000680

1. Limited Liability Company's Name
PREMIER UTILITY SERVICES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9045 N RIVER RD		9045 N RIVER RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 300		STE 300	
City & State		City & State	
INDIANAPOLIS, IN		INDIANAPOLIS, IN	
Zip	Country	Zip	Country
46240	USA	46240	USA

4. State/Country of Formation
NEW YORK

5. Date Organized or Qualified To Do Business in Florida
01/30/2014

6. FEI Number
11-3619268
☐ 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
NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Treasurer	PHILLIP V. KRYDER	9045 N RIVER RD, STE 300	INDIANAPOLIS, IN 46240

11. E-mail Address: USICTAX@USICLLC.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Philip V. Kryder Date 1/23/17 Daytime Phone # 317-575-7800

Typed or printed name of signing Authorized Representative/Manager PHILLIP V. KRYDER

RE 1/24/17