

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**REINSTATEMENT** 2001

**FILED**

OCT 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M98000000413

**1. Limited Liability Company's Name**

Premium Services Management, LLC

**2. Principal Office Address**

3465 N. Desert Dr.

Suite, Apt. #, etc.

222

City & State

Atlanta, GA

Zip

30344

Country

USA

**3. Mailing Office Address**

3465 N. Desert Dr.

Suite, Apt. #, etc.

222

City & State

Atlanta, GA

Zip

30344

Country

USA

**4. State/Country of Formation**

Georgia

**5. Date Organized or Qualified  
To Do Business in Florida**

June 7, 1996

**6. FEI Number**

58-2259104

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code  
33324

800004663068-9

11/01/01-01064-017

\*\*\*155.00 \*\*\*155.00

**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

**JOAN BOLDEN**

REGISTERED AGENT MUST **ASSISTANT SECRETARY**

Date 10/16/01

**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	Leonard Golden	3465 N. Desert Drive, 222	Atlanta, GA 30344
MGRM	Janice Golden	3465 N. Desert Drive, 222	Atlanta, GA 30344

**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

Date

10/21/01

Daytime Phone # 404-767-5600

Typed or printed name of signing Managing Member/Manager

**Leonard Golden**