

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -3 PM 2:23

800025425558
12/11/03--01050--026 **600.00

DOCUMENT # P00000016687

1. Corporation Name

PLATINUM EXCLUSIVE GROUP, INC.

REINSTATEMENT 01-03

2. Principal Office Address

5600 COLLINS AVENUE

3. Mailing Office Address

5600 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE #12F

Suite, Apt. #, etc.

SUITE #12F

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/00

5. FEI Number

65-0983041

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS R. BEDARD

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

1717 N. BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 215

City

MIAMI

State

FL

Zip Code

33132

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 **NOVEMBER 24, 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
P	CHRISTOPHER BRAYER	5600 COLLINS AVE. SUITE 12F	MIAMI, FL 33139

800025425558
12/11/03--01050--027 **400.00

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)(f), 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:

CHRISTOPHER BRAYER

11/24/03

7863173298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)