

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000025608

1. Corporation Name

PREMIER INSTALLATIONS CORP.

Principal Place of Business

15411 SW 305TH STREET
HOMESTEAD FL 33033

Mailing Address

15411 SW 305TH STREET
HOMESTEAD FL 33033

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

Suite, Apt. #, etc.

14103 SW 254 street

Suite, Apt. #, etc.

14103 SW 254 street

City & State

Princeton FL

City & State

Princeton, FL

Zip

33032

Country

U.S.A.

Zip

33032

Country

U.S.A.

5. FEI Number

45-099-0251

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	SANCHEZ, RALPHIE	15411 SW 305TH STREET 15400 SW 305 STREET	HOMESTEAD FL 33033
DSV	SANCHEZ, HUGO SR	15411 SW 305TH STREET	HOMESTEAD FL 33033
DSV T.D.T.H.	SANCHEZ, TERESA Y.	15400 SW 305TH STREET	HOMESTEAD FL 33033

7000004717617--0

-12/10/01--01117--009

****150.00 ****150.00

8. Name and Address of Current Registered Agent

SANCHEZ, RALPHIE

15411 SW 305TH STREET
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name RALPHIE SANCHEZ

Street Address
15400 SW 305 street

Suite, Apt. #, Etc.
HOMESTEAD

City
HOMESTEAD

State
FL

Zip Code
33033

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ralphie Sanchez
REGISTERED AGENT MUST SIGN

Date 10-17-01

11. 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)(i), 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:

Teresa Y. Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/01

305-257-5026

Daytime Phone #

mw

282

PREMIER INSTALLATIONS CORP.

14103 S.W. 254th Street
Princeton, FL 33032
305-257-5026
305-257-5016 fax
PremierInstal313@aol.com

October 18, 2001

Division OF Corporations,
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Florida Department OF State

This letter is in regards to the Notice Of Administrative Dissolution or Revocation I received on October 13, 2001. I would like to note that we here at Premier Installations never received any previous notification of this matter. This has been the first notice to our awareness.

We have just moved to our new location. Due to the fact that our previous location was our home address. I know that any previous notification did not get lost in the mail. We apologies for any misunderstandings that has become of this. I hope that this matter will be corrected. I have enclosed a check for \$150.00 as I was told when I called your office. Thank you.

Sincerely,


Teresa Y. Sanchez