

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

04 MAR 19 AM 8:00

DOCUMENT #P00000032992

1. Corporation Name

Premier Management Corporation

**REINSTATEMENT** 02-04  
MRS

2. Principal Office Address

246 Lake Arbor Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

246 Lake Arbor Dr.

Suite, Apt. #, etc.

City & State

Palm Springs

Zip Country

33461 USA

City & State

Palm Springs, FL

Zip Country

33461 USA

500030710865

03/18/04--01022--030 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

3/27/00

5. FEI Number

65-1006716

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

Jose Robledo

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

246 Lake Arbor Drive

Suite, Apt. #, Etc.

City

Palm Springs

State  
FL

Zip Code

33461

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/16/04

**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
✓	Amanda Robledo	246 Lake Arbor Dr.	Palm Springs, FL 33461
P/T	Jose Robledo	246 Lake Arbor Dr.	Palm Springs, FL 33461

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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/16/04

Daytime Phone #

CP2E081 (01/04)