

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000032992</b> 1. Entity Name <b>PREMIER MANAGEMENT CORPORATION</b>			FILED 06 FEB -6 PM 12:30 TALLAHASSEE, FLORIDA STATE SECRETARY OF STATE
Principal Place of Business 246 LAKE ARBOR DR PALM SPRINGS, FL 33461		Mailing Address 246 LAKE ARBOR DR PALM SPRINGS, FL 33461	
2. Principal Place of Business 337 Bayside Rd Suite, Apt. #, etc.	3. Mailing Address 337 Bayside Rd Suite, Apt. #, etc.		
City & State PALM SPRINGS FL	City & State PALM SPRINGS FL	4. FEI Number 65-1006716	
Zip 33461	Country U.S.A.	Zip 33461	Country U.S.A.
6. Name and Address of Current Registered Agent  ROBLEDO, JOSE 246 LAKE ARBOR DRIVE PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent  Name N/A Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u>J. Dell</u> DATE: <u>1/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLEDO, JOSE 246 LAKE ARBOR DR PALM SPRINGS, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  500066895535 03/01/06--01014--012 ***900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBELDO, AMANDA 246 LAKE ARBOR DR PALM SPRINGS, FL 33461 please correct LAST NAME TO ROBLEDO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>J. Dell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>1/31/06</u> DAYTIME PHONE #: <u>561-632-5434</u>	