

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 MAY 11 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010-2012  
CR2572

500235002545  
05/11/12--01032--028 \*\*1102.50

CR2B081 (11/10)

DOCUMENT # P00000032992

1. Corporation Name

Premier Management Corporation

2. Principal Office Address - No P.O. Box #

909 Lakeshore Drive

Suite, Apt. #, etc.

#204

City & State

Lake Park, FL

Zip

33403

Country

USA

3. Mailing Office Address

909 Lakeshore Drive

Suite, Apt. #, etc.

#204

City & State

Lake Park, FL

Zip

33403

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/27/2000

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

Amanda Robledo

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

909 Lakeshore Drive

Suite, Apt. #, Etc.

#204

City

Lake Park

State

FL

Zip Code

33403

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 05/01/12

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	Amanda Robledo	909 Lakeshore Drive #204	Lake Park, FL 33403

10. E-mail Address: shoshor@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #