

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 13 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000070228

1. Corporation Name

PREMIUM PLUS SYSTEMS, INC.

2. Principal Office Address

1401 S ST 7

Suite, Apt. #, etc.

B-6

City & State

NO LAUDERDALE FL

Zip

33068

Country

3. Mailing Office Address

P.O. Box 771461

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FLA

Zip

33077

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/2000

5. FEI Number

65-1042720

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

SAMUEL A. PRICE

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

800 WEST OAKLAND PARK BLVD

Suite, Apt. #, Etc.

Suite 202

City

WILTON MANORS

State

FL

Zip Code

33311

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

Samuel A. Price

Date

5-7-02

REGISTERED AGENT MUST SIGN

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
PRES	PAULA COVER	10428 NW 67 th PL ACE	PARKLAND FLA 33076

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:

Paula M. Cover

PAULA M. COVER

Date

4/3/02

Daytime Phone #

(954) 730-9797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR