

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000033004

1. Corporation Name

PREMIER COMMERCIAL PROPERTIES, INC.

Principal Place of Business

49 TIMBERLAND CIR S  
FORT MYERS FL 33919  
US

Mailing Address

49 TIMBERLAND CIR S  
FORT MYERS FL 33919  
US

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/02/2001
City & State	City & State	5. FEI Number
Zip	Country	65-1111891
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		



REINSTATEMENT 03-04

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
PS		DELAUOIS, GARY		49 TIMBERLAND CIR S		FORT MYERS FL 33919	
						510027547043	01/26/04-01/20-018-**300.00

8. Name and Address of Current Registered Agent

GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BLVD.  
SUITE 320  
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name *GARY DELAUOIS*  
Street Address (P.O. Box Number is Not Acceptable)  
*49 TIMBERLAND CIRCLE S.*  
Suite, Apt. #, Etc.  
City *FORT MYERS* State *FL* Zip Code *33919*

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. or 617.0505, F.S.

Signature of Registered Agent

*Gary Delauois*

REGISTERED AGENT MUST SIGN

Date

*1/20-04*

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:

*Gary Delauois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/20-04 239-939-7257*

Date

Daytime Phone #

CR2E040 (7/03)

January 20, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Application for Reinstatement

To Whom It May Concern:

Enclosed please find a check for \$300.00. I respectfully request that the reinstatement fee be waived as the Corporation did not receive the prior notices. As a result of a marital settlement agreement, the sole owner and officer of the Corporation received 100% ownership of the property located at 49 Timberland Circle South, Fort Myers, Florida, 33919 on November 11, 2003, the principal place of business and mailing address for the Corporation. Enclosed for your review is a copy of the Special Warranty Deed evidencing same.

Thank you for your kind consideration of this request.

Sincerely,



Gary Delanois, President

Enclosures