

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

04 JAN 23 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033004

1. Corporation Name

PREMIER COMMERCIAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

49 TIMBERLAND CIR S  
FORT MYERS FL 33919  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/02/2001

5. FEI Number

65-1111891

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	DELANOIS, GARY	49 TIMBERLAND CIR S	FORT MYERS FL 33919

3000027547049  
01/26/04-01020-018-\*\*-300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

GARY DELANOIS

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 Delanois*  
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 DELANOIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY DELANOIS, PRESIDENT

Date

1/20-04

Daytime Phone #

239-939-7257

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,

A handwritten signature in dark ink, appearing to read "Gary Delanois", with a stylized flourish at the end.

Gary Delanois, President

Enclosures