## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				11.	
	STATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS	, (	SECRETARY OF STATE TALL AHASSEE, FLORIDA	
DOCL	IMENT # PO10000	148191		TALLAT	
1. Corporation Name Premiesoft, Inc.					
	Premico		ł		
			<u> </u>		
2. Principal Office Address 3. Mailing Office Address				TATEMPRINE	
38	471 U.S. Hwy19N P.(	5. 60x 6208	iciiyo	NAMENTAL DE	-04
Suite, Apt. #	etc. Suite, Apt	#, etc.		orated or Qualified	
City & State	City & Sta	te NACONE FI	5. FEI Numbe	ness in Florida	plied For
Zip 4.2	learwoter, TL pr	Country	99-	スイン・ピピン トー	Applicable
<sup>™</sup> 72	761 USA 34	684 USA	CERTIFICATE	OF STATUS DESIRED S8.75 Additional for a Certificat	
7. Name and Address of Current Registered Agent					
	Name Yathiren Sineno				
	Street Address (P.O. Box Number is Not Acceptable)				
	Suite, Apt. #, Etc.				ĺ
	CHY PALM HATE	DUR		State Zip Code 685	
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 8/3/104	CR2E081 (01/04)
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	JOseph Simeno, Je	4890 Quill Ct		PALM HARBOR, FL	34685
46	hathleen Sinena	4890 Quill C+		PALM HARBOR, FR	34685
			10/22	704-01027-006 **300	0.00

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 filling 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:

0410 Divoo Karnleen Sineno 8/31/04 727-473-8408

## PremierSoft, Inc. P.O. Box 6208 Palm Harbor, FL 34684

August 31, 2004

TO: Florida Department of State

FROM: PremierSoft, Inc.

FEI #: 59-3721550

RE: Corporation Reinstatement

To Whom It May Concern:

Please note we were unaware of our inactive status with the state until our bank called to notify us. We have moved many times in the last few years from Celebration, FL to Clearwater, FL to Palm Harbor, FL as you can see in our online corporate information. We have a few companies and I filed all the annual report forms that I received and did not realize that I did not get one for PemierSoft, Inc.

Since we did not receive the annual report form for this company I am asking if we can please reinstate this corporation with the standard \$ 150 filing fee and update our address also. I am submitted a check for \$ 300 (\$150 for 2003, \$150 for 2004).

Also, when online I noticed that the Fed tax ID # was incorrect for PremierSoft, Inc. My accountant looked it up and the annual report for 2002 had the incorrect number on it. The correct number is on this reinstatement. Sorry for the confusion.

Thank you

Kathleen Sinena VP