

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 03 PM 12:36

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063134

1. Corporation Name

Premium Contractors, Inc.

600078466646
03/08/06--01027--018 **750.00

2. Principal Office Address

8745 S.W. 34 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

8745 S.W. 34 Terrace

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33165

Country

USA

City & State

Miami, Florida

Zip

33165

Country

USA

REINSTATEMENT 02-06
CR2E081(12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6-20-01

5. FEI Number

91-2134863

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

Alvaro Pastrana

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

8745 S.W. 34 Terrace

Suite, Apt. #, Etc.

City

Miami FL 33165

State

FL

Zip Code

33165

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/28/06

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	Alvaro Pastrana	8745 SW 34 Terrace	Miami FL 33165
V	Maria Pastrana	8745 SW 34 Terrace	Miami FL 33165

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-06

Date

786-229-4216

305-273-1484

Daytime Phone #

2032

PREMIUM CONTRACTORS, INC.
8745 SW 54 TERRACE
MIAMI, FLORIDA 33165

July 28, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

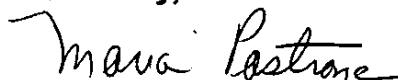
Re: Corporation Reinstatement
Doc No: P01000063134

To Whom It May Concern:

Please be advised that Premium Contractors, Inc didn't receive the annual report notices in the year of revocation; please accept this letter as a non-receipt.

It would be highly appreciated if you could consider waiving the reinstatement fee.

Sincerely,



Maria Pastrana
Vice President