

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 14 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075074

**1. Corporation Name**

PREMIER WEB IMAGES, INC.  
8353 LAKE DRIVE, SUITE J-106  
MIAMI, FLORIDA 33166

**2. Principal Office Address**

8353 LAKE DRIVE, SUITE J-106

Suite, Apt. #, etc.

J-106

City & State

MIAMI, FLORIDA

Zip

33166

Country

U.S.A.

**3. Mailing Office Address**

SAME AS #2

Suite, Apt. #, etc.

City & State

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/31/01

**5. FEI Number**

65-1127101

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

MICHAEL E. STEVENSON

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

8353 LAKE DRIVE, SUITE J-106

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33166

700032508037  
04/13/04--01018--005 \*\*90.00

**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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

X 3-30-04

**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
P	MICHAEL E. STEVENSON	8353 LAKE DRIVE, J-106 MIAMI, FLORIDA 33166	

**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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 3-30-04

Daytime Phone #

CR2E081 (01/04)