

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047630

1. Corporation Name

Premiere Solutions and Associates, Inc

200026587122
01/09/04--01022---009 **750.00

2. Principal Office Address

805 E. Hillsboro Blvd.

Suite, Apt. #, etc.

207

City & State

Deerfield Beach, FL

Zip

33441

Country

U.S.A

3. Mailing Office Address

805 E. Hillsboro Blvd

Suite, Apt. #, etc.

#207

City & State

Deerfield Beach FL

Zip

33441

Country

USA

REINSTATEMENT 03

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

5/01/02

5. FEI Number

04-3653490

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

Melinda Rodriguez

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

5221 NE 26th Avenue

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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

Melinda Rodriguez
REGISTERED AGENT MUST SIGN

Date 12/30/03

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	Melinda Rodriguez	5221 NE 26th Ave.	Lighthouse Point, FL 33064

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:

Melinda Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03 954-427-0942

Date

Daytime Phone #