

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUN -8 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000052358

1. Corporation Name

PREMIER MEDICAL ENTERPRISE SOLUTIONS, INC.

REINSTATEMENT

CR2E081 (1/07)

03-07

2. Principal Office Address - No P.O. Box #
12055 Gandy Blvd. North

3. Mailing Office Address
12055 Gandy Blvd. North

Suite, Apt. #, etc.
#274

Suite, Apt. #, etc.
#274

City & State
St. Petersburg, Florida

City & State
St. Petersburg, Florida

Zip
332702

Country

Zip
332702

Country

4. Date Incorporated or Qualified
To Do Business in Florida 05/13/2002

5. FEI Number

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
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street

Suite, Apt. #, Etc.
4th Floor

City
Miami

State
FL

Zip Code
33145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

SPIEGEL & UTRERA, P.A.

NATALIA UTRERA, VICE PRESIDENT

Date June 6, 2007

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
PD	Potter, Angela H.	12055 Gandy Blvd. North, #274	St. Petersburg, FL 33702
VSTD	Potter, Thomas	12055 Gandy Blvd. North, #274	St. Petersburg, FL 33702

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06/19/07--01059--006 **750.00

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 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:

Angela Potter

Angela H. Potter, President

Date

6-6-07

Daytime Phone #