

P9 10FZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 04 AUG 13 PH 2: 21					
DOCUMENT # P02000060195 1. Corporation Name Premier Holdings Group, Inc.						SEGRE FALLA				
2. Principa	al Office Address		3. Mailing O	ffice Address						
8910 SW 114th Avenue			8910 SW 114th Avenue							
Suite, Apt. #, etc. Suite, Apt. #,				etc.		4. Date incorporated or Qualified To Do Business in Florida 05/22/2002				
City & State Miami, FL			City & State Miami, FL			5. FEI Number Applied For 01-0709975 Not Applied For				
Zip 33176	176 Country USA		^{Zip} 33176	Coi US	untry 6A	6. CERTIFICATE OF STATUS DESIRED S8.75 for			dditional Fe Certificate c	ee required
	7. Name and Address of Current Registered Agent									
.*	Name CMS International Enterprises, Inc.									
	Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way									
	Suite, Apt. #, Etc. Suite 200									
	City Coral Gables					****	State	Zip Code 33134		
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 MUST SIGN							Date	4/5//		—— B
9. Names	and Street Addre	sses of Each Officer ar	nd/or Director (Flo	rida nonprofit co	porations must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors		s	Street Address of Each Officer and/or Director			City / State / Zip			
PSTD	Pereira, Jose			8910 SW 114th Avenue			Miami, FL 33176			
						08/23	/04	01057010	**300.	00
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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.										
	SIGNA	TURE AND TYPED OR	RINTED NAME OF	SIGNING OFFICER	OR DIRECTOR		(Date	Daytime	Phone #	

SAMLUT & COMPANY

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

MEZZANINE-SUITE 200 550 BILTMORE WAY

CORAL GABLES, FLORIDA 33134

MAILING ADDRESS

POST OFFICE BOX 557243
MIAMI, FLORIDA 33255-7243

TELEPHONE (305) 461-9518
TELECOPIER (305) 461-9916
e-mail: cmsaccts@aol.com

April 30, 2004

Department of State Division of Corporation PO Box 6327 Tallahassee, Fiorida 32314

Ref: Premier Holdings Group, Inc.

Dear Sir/Madam:

While reviewing our clients document and as our client was getting ready to pay the 2004 annual report fee, we noticed that the 2003 annual report fee was not paid. We investigated our client documents and we found no record of receiving a 2003 annual report.

Transmitted herewith is a Corporate Reinstatement for the above referenced entity. Attached hereto is a check in the amount of \$300, for the 2003 and 2004 annual report fee. Since the entity did not receive the 2003 annual report, we kindly request abatement of the reinstatement fee. The reinstatement fee will cause undue hardship on the entity.

We thank you in advance for your cooperation. If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

Carles M. Samlut, CPA

For the Firm

Enc.