

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086104

1. Corporation Name

PREMIER MANAGEMENT SERVICES, INC. OF WEST PALM B  
EACH

Principal Place of Business

Mailing Address

1984 FOX CT.  
WELLINGTON FL 33914

1984 FOX CT.  
WELLINGTON FL 33914

2531 NORTH Dixie Hwy  
LAKE WORTH FL 33460

2531 NORTH  
Dixie Hwy  
LAKE WORTH FL.  
33460

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/2002

Suite, Apt. #, etc.

2531 NORTH Dixie Hwy

Suite, Apt. #, etc.

2531 NORTH Dixie Hwy

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33460

Country

USA

Zip

33460

Country

USA

5. FEI Number

11-3647429

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	MIGUELA C. NURSE	2531 NORTH DIXIE HWY LAKE WORTH, FL 33460	LAKE WORTH, FL 33460

200024567372

11/10/03--01081--002 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NURSE, MIGUELA  
1984 FOX CT.  
WELLINGTON FL 33914

Name

MIGUELA C. NURSE

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

2531 NORTH DIXIE Highway

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Miguel C. Nurse*  
REGISTERED AGENT MUST SIGN

Date 9/20/03

11. 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:

*Miguel C. Nurse* MIGUELA C. NURSE 9/20/03-561-586-6564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

09/22/03

**Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee FL 32314-6327**

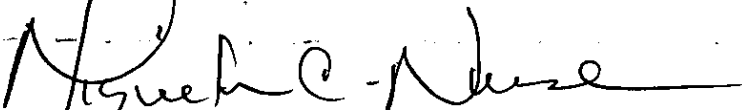
Dear Sir or Madam:

Please be informed that my corporate address is as follows: 2531 North Dixie Highway, Lake Worth, FL 33460.

I did not receive the two previous notices. Please find attached, application for reinstatement.

Thank you in advanced for your cooperation regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Miguela C. Nurse". The signature is fluid and cursive, with a large initial "M" and a long horizontal stroke at the end.

Miguela C. Nurse

President

Premier Management Services of WPB