


4070000017253

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

07 JAN -4 AM 8:09

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000001581

1. Corporation Name

Premier AnlageGruppe Inc.

2. Principal Office Address

4900 North Ocean Blvd.

Suite, Apt. #, etc.

Ste 621

City & State

Ft. Lauderdale

Zip

33308-2932

Country

USA

3. Mailing Office Address

4900 North Ocean Blvd.

Suite, Apt. #, etc.

Ste 621

City & State

Ft. Lauderdale

Zip

33308-2932

Country

USA

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

1/6/2003

5. FEI Number

56-2309851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-07

7. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

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

1203 GOVERNORS SQUARE BLVD

Suite, Apt. #, Etc.

SUITE 101

City

TALLAHASSEE

State
FL

Zip Code
32301-2960

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

**Signature of
Registered Agent**

Mark Schiff

Date

Mark Schiff, AVP, Business Filings Incorporated

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
Director	Oleksiy Levkovsky	341 East Sheridan Street, Suite #306	Dania, Florida 33004
President	Oleksiy Levkovsky	341 East Sheridan Street, Suite #306	Dania, Florida 33004

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 807 or 817, 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 807.0401 or 817.0401, 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:

Oleksiy Levkovsky

OLEKSIY LEVKOVSKY

Date

26/2/2006 ++ 79169014208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

4070000017253

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
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Fax Number : (608) 827-5501

CORPORATION REINSTATEMENT

PREMIER ANLAGEGRUPPE INC.

Certificate of Status	0
Certified Copy	0
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