

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000001581

1. Corporation Name

Premier AnlageGruppe Inc.

2. Principal Office Address - No P.O. Box #
1819 SE 17th Street

3. Mailing Office Address
1819 SE 17th Street

Suite, Apt. #, etc.
Suite 906

Suite, Apt. #, etc.
Suite 906

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

Zip
33316

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

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

☐ 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

Mark Williams

Mark Williams, A.V.P.,
Business Filings Incorporated

Date 1/7/2010

REGISTERED AGENT MUST SIGN

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
Dir./Pres/ Treasurer	Oleksiy Levkovsky	1819 SE 17th Street, Suite 906	Ft. Lauderdale, Florida 33316
Sec.	Tetyana Levkovska	1819 SE 17th Street, Suite 906	Ft. Lauderdale, Florida 33316

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:

Oleksiy Levkovsky

Oleksiy Levkovsky, President

1/2/10

(954) 801 8182

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #