


2006 FOR PROFIT CORPORATION REINSTATEMENT

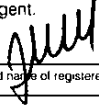
DOCUMENT # P03000081581		
1. Entity Name PREMIER NURSING SERVICES INC.		

Principal Place of Business 1980 S. OCEAN DRIVE 11P HALLANDALE, FL 33009	Mailing Address 1980 S. OCEAN DRIVE 11P HALLANDALE, FL 33009
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
QUIALA, RODOLFO 1980 S. OCEAN DRIVE 11P HALLANDALE, FL 33009	

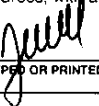
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/16/06
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIALA, RODOLFO 1980 S. OCEAN DRIVE 11P HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	DATE 10/16/06	DAYTIME PHONE # 305-490-8706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

FILED

2006 OCT 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/24/06 90419 010 150.00



REINSTATEMENT

06

4. FEI Number 90-0102801	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Applied For <input type="checkbox"/> Not Applicable
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\$8.75 Additional Fee Required

10/16/06

10/16/06 305-490-8706

10/31

PREMIER NURSING SERVICES, INC.
1980 S.OCEAN DRIVE # 11P
HALLANDALE, FL 33009

October 16, 2006

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: 2006 Uniform Report
Document # P03000081581


To Whom It May Concern:

Please enclosed please find a 2006 For Profit Corporation Reinstatement Report. I called the Department after receiving a Notice of Dissolution or Revocation, and I was told that the check is there (see bank statement showing the clear check) but the report is missing. I have sent the report along with a check for \$150.00 before May 1, 2006. The Department received it but the report was returned to me because it was missing a signature. That same week I signed it and sent it back. Apparently, it was lost in the mail.

I am hereby respectfully asking for abatement of the penalty since the report was sent on time.

Your prompt attention to this matter will be highly appreciated.

Sincerely yours


Rodolfo Quiala, Owner