

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 AUG 24 AM 8:50

80 9-24

900157289929
6/16/09 01073-015

DOCUMENT # P03000108720

1. Corporation Name

Premier Home Building & Remodeling Corp.

2. Principal Office Address - No P.O. Box #

5762 Okeechobee Blvd

Suite, Apt. #, etc

Suite 508

City & State

West Palm Beach FL

Zip

33417

Country

usa

3. Mailing Office Address

5762 Okeechobee Blvd

Suite, Apt. # etc

Suite 508

City & State

West Palm Beach FL

Zip

33417

Country

usa

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/2003

5. FEI Number
320094602

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

Wayne C Massella

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

5762 Okeechobee Blvd

Suite, Apt. #, Etc.

Suite 508

City

West Palm Beach

State

FL

Zip Code

33417

☒ 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

Date 06/03/2009

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| Pres | Wayne Massella | 5762 Okeechobee Blvd | West Palm Beach FL 33417 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 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:

Wayne C Massella

Wayne Massella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/03/2009

Date

561-644-9914

Daytime Phone #