

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000102828

Entity Name: PREMIER PLUS, INC.

FILED
Jan 30, 2006
Secretary of State

Current Principal Place of Business:

612 BEACHLAND BLVD.
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

612 BEACHLAND BLVD.
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 20-1351019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLS, JAMES N
612 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES N. MILLS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MILLS, JAMES N
Address: 612 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: MILLS, JAMES N
Address: 612 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: MILLS, JAMES N
Address: 612 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: MILLS, JAMES N
Address: 612 BEACHLAND BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: ROWDEN, JUDY A
Address: 8235 FORSYTH BLVD. SUITE 300
City-St-Zip: ST. LOUIS, MO 63105

Title: S () Delete
Name: ROWDEN, JUDY A
Address: 8235 FORSYTH BLVD. SUITE 300
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RICHTER, JUDY A
Address: 8235 FORSYTH BLVD. SUITE 300
City-St-Zip: ST. LOUIS, MO 63105

Title: S (X) Change () Addition
Name: RICHTER, JUDY A
Address: 8235 FORSYTH BLVD. SUITE 300
City-St-Zip: ST. LOUIS, MO 63105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. MILLS

Electronic Signature of Signing Officer or Director

C

01/30/2006

Date