

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 DEC 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/4/05 01099013 150.00



10262005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1618417** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, MERCEDES
3705 54TH. DRIVE WEST
UNIT # 101
BRADENTON, FL 34210

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 *[Signature]* DATE **12/10/2005**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RAMIREZ, MERCEDES**
STREET ADDRESS **3705 54TH. DRIVE WEST UNIT # 101**
CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE **VP** ☐ Delete
NAME **RAMIREZ, LUIS E SR.**
STREET ADDRESS **3705 54TH. DRIVE WEST UNIT # 101**
CITY-ST-ZIP **BRADENTON, FL 34210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200062297752**
CITY-ST-ZIP **12/21/05--01005--002 **150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **12/10/2005** DAYTIME PHONE # **941 7301238**

**PREMIUM GROUP CONSTRUCTION, INC.
3705 54th. DRIVE WEST
UNIT 101
BRADENTON, FL 34210**

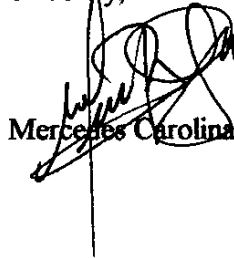
**Florida Department of State
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314**

Ref. Number P04000128621

Ladies and Gentlemen:

We herby request a waiver of the \$ 400 late fee because the annual report notice was not received.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mercedes Carolina Ramirez', is written over a horizontal line. The signature is stylized with loops and a long vertical line extending downwards.

Mercedes Carolina Ramirez