

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000130465

1. Corporation Name

PREMIER SOFTWARE SYSTEMS, INC.

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

3555 NW 82nd AVENUE

3. Mailing Office Address

3555 NW 82nd AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33122

Country

USA

Zip

33122

Country

USA

900163725359
12/17/09--01037--001 **150.00

REINSTATEMENT 68

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/2004

5. FEI Number

611476130

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

OSCAR. A. PARRA

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

8952 NW 109 CT

Suite, Apt. #, Etc.

UNIT 1103

City

MIAMI

State

FL

Zip Code

33178

☐ 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

REGISTERED AGENT MUST SIGN

Date 12/14/2009

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
PSD	OSCAR A. PARRA	8952 NW 109 CT	MIAMI, FL. 33178
		UNIT 1103	

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALVAREZ & FERNANDEZ, P.A.

Certified Public Accountants
650 N.W. 43rd AVENUE
MIAMI, FLORIDA 33126

Emilio B. Alvarez, CPA
Enrique F. Fernandez, CPA

PHONE: (305) 448-7500
FAX: (305) 448-7700

E-MAIL: emilioalvarezcpa@comcast.net

MEMBERS
American Institute of
Certified Public Accountant
Florida Institute of
Certified Public Accountants

November 16th, 2009

Gentlemen,

We never received the card to renew our Corporations license # P04000130465 Premier Software Systems, Inc.

Enclosed please find our check #702 for \$150.00 to activate our Corporation license.

Your prompt attention to this matter will be appreciated.

PREMIER SOFTWARE, INC

for E BALVAREZ CPA