

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000014052

1. Entity Name  
PREMIER STATIC CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 14 AM 11:53

Principal Place of Business  
8821 E MAPLEWOOD STREET  
FLORAL CITY, FL 34436  
Inverness, FL 34450

Mailing Address  
8821 E MAPLEWOOD STREET  
FLORAL CITY, FL 34436  
PO Box 640879  
Beverly Hills FL 34464



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01132009 REIN-P CR2E098 (1/07)

4. FEI Number ☒ Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FIELDS, NORA  
8821 E MAPLEWOOD STREET  
FLORAL CITY, FL 34436  
Inverness, FL 34450

## 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 Nora E Fields Nora E Fields, P. 1-13-09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, NORA	
STREET ADDRESS	8821 E MAPLEWOOD STREET	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIETROCOLA, MARY	
STREET ADDRESS	4874 S SKY BLUE DR	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANEY, ANN	
STREET ADDRESS	4874 S SKY BLUE DR	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Inverness, FL 34450
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500140669355
CITY-ST-ZIP	01/14/09--01042--019 ***308.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Nora E Fields 1-13-09 352-344-0054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #