

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 22 PM 4:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000058757

1. Corporation Name

Premier Batteries, Inc.

900168438579
02/23/10--01003--021 **300.00

900168438579
02/10/10--01032--001 **758.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
1452 NW 82nd Avenue

3. Mailing Office Address
1452 NW 82nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Doral

City & State

Doral

Zip

33126

Country

United States

Zip

33126

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida July 1, 2007

5. FEI Number
45-0564051

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
Robert Castellanos

Street Address (P.O. Box Number is Not Acceptable)
1452 NW 82nd Avenue

Suite, Apt. #, Etc.

Doral

City
Florida

State
FL

Zip Code
33126

☐ 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 2/5/10

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
PD	Robert Castellanos	1452 NW 82nd Avenue	Doral, FL, 33126
VPD	Jose Diego	1452 NW 82nd Avenue	Doral, FL, 33126

REINSTATEMENT

M. MILLIGAN
EXAMINER

FEB 23 2010

10. E-mail Address: lynn@rlxporting.com

(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:

Robert Castellanos

2/5/10

305-629-8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #