

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000098862

1. Corporation Name

PREMIUM FAUX INC.

600181892456
06/09/10--01039--003 **150.00

2. Principal Office Address - No P.O. Box #
1100 S Federal Hwy

3. Mailing Office Address
1100 S Federal Hwy

Suite, Apt. #, etc.
2nd Floor, Suite 1183

Suite, Apt. #, etc.
2nd Floor, Suite 1183

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip Country
33441 USA

Zip Country
33441 USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 11/04/2008

5. FEI Number 26-3663414
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
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1100 S Federal Hwy

Suite, Apt. #, Etc.
Second Floor

City State Zip Code
Deerfield Beach, FL FL 33441

☒ 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 Rita de Cassia M. Bontempo Date 05/20/10

REGISTERED AGENT MUST SIGN

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	Rita de Cassia M. Bontempo	1100 S Federal Hwy, 2nd Floor, #1183	Deerfield Beach, FL 33441

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Rita de Cassia M. Bontempo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita de Cassia M. Bontempo 05/20/10

Date

954 914 9659
Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2000 Uniform Business Report (UBR)
409 East Gaines Street
Tallahassee, FL 32399

PREMIUM FAUX INC.
Document Number P08000098862

To Whom It May Concern:

This letter is to inform you that we have never received a
Uniform Business Report form in the mail.

We would like to request you that you forgive the penalty
of \$400 for year and accept the filling of our attached
UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact me at
(954) 782-4000.

Sincerely,



- MAY 20, 2010

Rita de Cassia M. Bontempo - President
PREMIUM FAUX INC.
10622 BOCA ENTRADA BLVD
BOCA RATON FL 33428