

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 29 PM 2:22

DOCUMENT # P10000069330

1. Corporation Name

PREMIER RETIREMENT STRATEGIES, INC.

REINSTATEMENT 2011

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

5712 CLOUDS PEAK DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5712 CLOUDS PEAK DR.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

Zip

33558

Country

USA

Zip

33558

Country

USA

000215644300  
12/29/11--01030--004 \*\*758.75

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8-23-10

5. FEI Number

27-3304925

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

MICHAEL A. HAUSMANN

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

5712 CLOUDS PEAK DR.

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33558

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

*M. A. Hausmann*

REGISTERED AGENT MUST SIGN

Date 12-27-11

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
PRESIDENT	MICHAEL A. HAUSMANN	5712 CLOUDS PEAK DR.	LUTZ, FL 33558
			12/29

10. E-mail Address: MHAUSMANN1234@YAHOO.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*M. A. Hausmann*

12-27-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #