

2/2/2021

Division of Corporations

P1700006407

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : LAXMY'S CARRIER SERVICES  
Account Number : 120040000007  
Phone : (305)640-0281  
Fax Number : (305)489-2902

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jody11309@gmail.com

CORPORATION REINSTATEMENT  
PREMIER GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,200.00

\$1050

2021 FEB -2 AM 8:28  
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DIVISION OF STATE  
CORPORATIONS, FL

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FEB 02 2021



January 25, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PREMIER GROUP INC  
9881 JAMAICA DR  
CUTLER BAY, FL 33189

SUBJECT: PREMIER GROUP INC  
REF: P17000064079

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

- Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H21000029943  
Letter Number: 521A00001681

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P17000064079

1. Corporation Name **PREMIER GROUP INC**

2. Principal Office Address - No P.O. Box #  
**9881 JAMAICA DR**

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

**CUTLER BAY**

City & State

**FL**

Zip

**33189**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida: **07/28/2017**

5. FEI Number

**30-1005342**

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

**IZQUIERDO, JUDANY**

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

**16487 SW 47TH TERR**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33185**

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 **01/22/21**

**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
P	DENNIS MARTINEZ	9881 JAMAICA DR	CUTLER BAY, FL 33189
VP	KATHERINE LEDO	9881 JAMAICA DR	CUTLER BAY, FL 33189

10. E-mail Address: **Premiergrpinc@gmail.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:

01/22/21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

810-513-4165  
Daytime Phone #