

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # PA6000035640

1. Corporation Name

PREMIER RENOVATIONS, INC.

Principal Place of Business

Mailing Address

83 RIVER CT.  
NAPLES FLORIDA 34110

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4-22-96

5. FEI Number

65-0667040

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<u>OWNER</u>	<u>WAYNE A. REX</u>	<u>83 RIVER CT.</u>	<u>NAPLES FL. 34110</u>
<u>SEC.</u>	<u>SHERY REX</u>	<u>83 RIVER CT.</u>	<u>NAPLES FL. 34110</u>

8. Name and Address of Current Registered Agent

WAYNE A. REX  
83 RIVER CT.  
NAPLES FL. 34110

9. Name and Address of New Registered Agent

Name

WAYNE A. REX

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

83 RIVER CT.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Wayne A. Rex  
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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.

**KE**

SIGNATURE:

Wayne A. Rex  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99  
Date

941-597-0067  
Daytime Phone #

CR2E061 (12/98)