

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 18 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002430

1. Corporation Name

PREMIER ASSET MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

C/O 6245 N. FEDERAL HWY. 3RD FL
FT. LAUDERDALE FL 33308

C/O 6245 N. FEDERAL HWY. 3RD FL
FT. LAUDERDALE FL 33308



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/02/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0718789	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SANTIAGO, JOSE	6245 N. FEDERAL HIGHWAY 3RD FLO	FT LAUDERDALE FL 33308
D	Leighton, Peter	6245 N. Federal Hwy 3rd Hwy	FT. LAUD. FL 33308

8. Name and Address of Current Registered Agent

SANTIAGO, JOSE
C/O 6245 N. FEDERAL HWY, 3RD FLOOR
FT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name: Peter Leighton
Street Address (P.O. Box Number is Not Acceptable): 6245 N. Federal Hwy Sta 300
Suite, Apt. #, Etc.: 300
City: Ft. Lauderdale
State: FL Zip Code: 33308

CR2E040 (800)

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: [Signature]
REGISTERED AGENT MUST SIGN

Date: 11/1/00

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00 954 4536200

Daytime Phone #