

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -1 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000014450

1. Corporation Name

A. Premium Restoration, Inc.

2. Principal Office Address

2600 Hammondville Rd.

Suite, Apt. #, etc.

#30

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

P.O. Box 934551

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33093-4551

Country

USA

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

4-19-94

SP

5. FEI Number

☒ 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

William Van Helden

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

2600 Hammondville Rd. #30

Suite, Apt. #, Etc.

200003299382-4
-06/21/00--01082--022
***1058.75 ***1058.75

City

Pompano Beach

State

FL

Zip Code

33069

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

William Van Helden

REGISTERED AGENT MUST SIGN

Date 5-24-00

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	William Van Helden	2600 Hammondville Rd #30	Pompano Beach, FL 33069
V	Robert Toner	3397 Bluerunner Lane	Margate FL 33063
T/A	Cheryl Hanley	5610 NW 61 st Street #105	Coconut Crk, FL 33073

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 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:

William Van Helden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-00

Date

954-919-8151

Daytime Phone #