PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P97000014450 DOCUMENT

1. Corporation Name

A PREMIUM RESTORATION, INC.

Principal Place of Business

Mailing Address

2600 HAMMONDVILLE RD...#80

P.O. BOX 934551

1919 S.R. 7. #201-C

2. New Principal Office Address, If Applicable

MARGATE FL 33093-4551

3. New Mailing Office Address, If Applicable

Margate, FL 33066

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

Suite, Apt. #, etc.	4 -	Suite, Apt. #, etc.
1919 S.K.7	# 201-C	
City & State	151	City & State

FILED

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SECRETARY OF STATE TATT AHASSEE. FLORIDA

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	Date Incorporated or Qualified To Do Business in Florida		02/12	2/1	99	7
			OE/ 11	<u>-, -</u>		<u> </u>
	5. FEI Number					Applied For
	65-0702481	-				Not Applicable
_	6.		SR 75	۸d	diti.	anal Ego raquiros

CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 4110 Ρ VAN HEALDEN, WILLIAM late Dr 3397 BLUE RUNNER LANE MARGATE FL 33063 TONER, ROBERT

ST .	HANLEY, CHERYL -	5610 NW 6167 STREET #1106 4 140 AU 0145 5610 NW 0167 #1196	COCONUT CREEK FL 33073
		40	0023982344
		10/21/	03=-01118016 **158.75

9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name VAN HELDEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2600 HAMMONDVILLE RD. #30 1919 S.R.7 Suite, Apt. #, Etc. POMPANO REACH EL 22069

#201-C

Margate, FL33066

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent
Registered Agent

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 filling 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:



October 15, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Re: FEI Number 65-0702481

To Whom It May Concern:

I am in receipt of Notice of Administrative Dissolution or Revocation received at our Post Office Box on October 10, 2003.

This letter is being forwarded to the Division of Corporations to advise that A. Premium Restoration, Inc. did not receive any notices regarding the 2003 Uniform Business Report until the receipt of Notice of Administrative Dissolution or Revocation received on October 10, 2003 at the Post Office Box mailing address.

After speaking with your office this morning, I have been advised to properly complete the Application for Reinstatement and forward with this letter and the proper fees previously required (\$150.00 and \$8.75 additional fee for the Certificate of Status) requesting that any penalty be considered to be waived.

Thank you for your consideration in this matter.

heryl Haulery

Sincerely,

Cheryl Hanley

/attachments