

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 16 PM 3:41

DOCUMENT # *P 970000 27930*

1. Corporation Name

Premier Realty International, Inc

600004562696--1

-08/29/01--01094--003

***900.00 ***900.00

2. Principal Office Address

7875 S.W. 104 Street

Suite, Apt. #, etc.

Suite 101

City & State

Miami, Florida

Zip

33156

Country

Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0781263

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

New Registered Agent

Name and Address of Current Registered Agent

Current

Name

Patricia Delinois

Wood, Richard A., Esq.

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

7875 S.W. 104 Street

Fowler White Burnett Hurley Etal

Suite, Apt. #, Etc.

Suite 101

100 S.E. 2nd. St. - 17th Floor

City

Miami, FL 33156

Miami, FL 33131

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date *8-10-01*

REGISTERED AGENT MUST SIGN

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
<i>President</i>	<i>Patricia Delinois</i>	<i>7875 S.W. 104 Street</i>	<i>Miami, FL 33156</i>
<i>V.P.</i>	<i>Judy Russell</i>	<i>7875 S.W. 104 ST</i>	<i>Miami, FL 33156</i>
<i>Secretary</i>	<i>Patricia Delinois</i>	<i>7875 S.W. 104 ST</i>	<i>Miami, FL 33156</i>
<i>Treasurer</i>	<i>Patricia Delinois</i>	<i>7875 S.W. 104 ST</i>	<i>Miami, FL 33156</i>

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:

[Signature]
Patricia Delinois

Date *8-10-01*

Daytime Phone # *305-279-8814*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #