

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000099456

1. Corporation Name

PREMIER-NELSON GROUP, INC.

FILED

01 DEC 11 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

205 E. CENTRAL BLVD.
STE 600
ORLANDO FL 32801-4626
US

205 E. CENTRAL BLVD.
STE 600
ORLANDO FL 32801
US

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

11/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3487068

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JONES, BRIAN M	20 N ORANGE AVE, STE 1000	ORLANDO FL 32801
CCEP	NELSON, THOMAS A	205 EAST CENTRAL BLVD, STE 600	ORLANDO FL 32801
VPST	WILLIAMS, RANDALL L	205 EAST CENTRAL BLVD, STE 600	ORLANDO FL 32801

700004740037-2
-12/26/01--01105--002
****750.00 ****750.00

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, BRIAN M
20 N ORANGE AVE
SUITE 1000
ORLANDO FL 32801-4626

Name

THOMAS A NELSON

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

205 E. CENTRAL BLVD STE 600

Suite, Apt. #, Etc.

600

City

ORLANDO

State

FL

Zip Code

32801

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

Thomas A. Nelson

Date

12/16/01

REGISTERED AGENT MUST SIGN

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:

RANDALL L WILLIAMS

11/27/01 407 316-0404

Date

Daytime Phone #

CR20040 (8/01)