

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 23 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099456

1. Corporation Name

PREMIER-NELSON GROUP, INC.

2. Principal Office Address

205 E. Central Blvd.

Suite, Apt. #, etc.

Suite 600

City & State

Orlando, FL

Zip

32801

3. Mailing Office Address

301 E. Pine Street

Suite, Apt. #, etc.

Suite 150

City & State

Orlando, FL

Zip

32801

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/97

5. FEI Number

59-3487068

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

Grandy, Keefner & Thompson LLP

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

301 E. Pine Street

3000009553503
10/21/02-01002-001 **900.00

Suite, Apt. #, Etc.

Suite 150

City

Orlando

State
FL

Zip Code
32801

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

James C. Nelson

Date 10/21/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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 |
|--------|--------------------------------------|---|----------------------|
| D/P | Thomas A. Nelson | 205 E. Central Blvd. | Orlando, FL 32801 |
| D/T/S | Verne I. Nelson | 253 Granite Street | Valparaiso, IN 46383 |
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| | | | |

10/23

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: *Thomas A. Nelson* Thomas A. Nelson, President 10/21/02 (407) 316-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #