2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000060363

Entity Name: PREMIER FIELD SERVICES, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

446 E. TILLMAN AVE 1532 BROOKE RD N

LAKE WALES, FL 33853 US FORT MEADE, FL 33841 US

Current Mailing Address: New Mailing Address:

446 E. TILLMAN AVE 1532 BROOKE RD N

LAKE WALES, FL 33853 US FORT MEADE, FL 33841 US

FEI Number: 59-3560497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCAIN, JASON N

446 E. TILLMAN AVE

1532 BROOKE RD N

LAKE WALES, FL 33853 US FORT MEADE, FL 33841 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JASON N. MCCAIN 01/03/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MCCAIN, JASON
 Name:
 MCCAIN, JASON

 Address:
 446 E TILLMAN AVE
 Address:
 1532 BROOKE RD N

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 FORT MEADE, FL 33841 US

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 MCCAIN, PHILLIP M
 Name:
 MCCAIN, PHILLIP M

 Address:
 303 1ST AVE N
 Address:
 1532 BROOKE RD N APT B

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 FORT MEADE, FL 33841 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 MCCAIN, LAURÉN M
 Name:
 MCCAIN, LAURÉN M

 Address:
 446 E. TILLMAN AVE
 Address:
 1532 BROOKE RD N

 City-St-Zip:
 LAKE WALES, FL 33853
 City-St-Zip:
 FORT MEADE, FL 33841 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON N. MCCAIN P 01/03/2008