

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL -7 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000090399

1. Corporation Name *Prime Source Realty*
4770 Biscayne Blvd Ste 600
MIAMI FL 33137
W06 - 20477

2. Principal Office Address <i>4770 Biscayne Blvd</i> Suite, Apt. #, etc. <i>600</i> City & State <i>MIAMI FL</i> Zip <i>33137</i> Country <i>DADE</i>		3. Mailing Office Address <i>SAME</i> Suite, Apt. #, etc. City & State Zip Country	
--	--	--	--

CR2E081(12/05) 04-06

4. Date Incorporated or Qualified To Do Business in Florida *8/20/2002*

5. FEI Number *050527281* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 89.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *RON LAURENT*

Street Address (P.O. Box Number is Not Acceptable) *4770 Biscayne Blvd Ste 600*

Suite, Apt. #, Etc.

City *MIAMI FL* State **FL** Zip Code *33137*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *4/13/2006*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	<i>RON LAURENT</i>	<i>4770 Biscayne Blvd Ste 600</i>	<i>MIAMI FL 33137</i>
Vice President	<i>Geok Tetang</i>	<i>4770 Biscayne Blvd Ste 600</i>	<i>MIAMI FL 33137</i>
Secy	<i>Charles Winkelmann</i>	<i>4770 Biscayne Blvd Ste 600</i>	<i>MIAMI FL 33137</i>
			<i>300077719643</i>
			<i>07/19/06--01023--016 **1050.00</i>
	<i>[Signature]</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 contained in Chapter 119, 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]* Date *4/13/2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #