

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

07 APR -9 PM 2:01


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSC*

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000114939

1. Corporation Name  
Prestigious International Realty, Inc

2. Principal Office Address - No P.O. Box #  
1885 NE 29th Ave.

3. Mailing Office Address  
526 NE 195 Street

Suite, Apt. #, etc.  
Suite 700

Suite, Apt. #, etc.  
\_\_\_\_\_

City & State  
Aventura, Florida

City & State  
North Miami Beach, FL

Zip  
33180

Country  
Dade

Zip  
33179

Country  
Dade

4. Date Incorporated or Qualified To Do Business in Florida  
8/09/2004

5. FEI Number  
20-1466221

Applied For  
 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  
Andrew Cuevas

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

Suite, Apt. #, Etc.  
\_\_\_\_\_

City  
Coral Gables

State  
FL

Zip Code  
33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  
Andrew Cuevas

REGISTERED AGENT MUST SIGN

Date  
4/02/07

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              |
|--------|-----------------------------------|--|---------------------------------|
|        | <u>President Carlos Santana</u>   | <u>526 NE 195 St</u>                           | <u>N. Miami Beach, FL 33179</u> |
|        |                                   |  |                                 |
|        |                                   |  |                                 |
|        |                                   |  |                                 |
|        |                                   |  |                                 |

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 individual's 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: Carlos Santana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
4/02/07

Daytime Phone #  
458-0538

700098357187  
04/10/07-01041-007 \*\*450.00