

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-2000 AIC		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 512570 1. Corporation Name Prime Real Estate Group, Inc			
2. Principal Office Address 3174 SW Martin Downs Blvd Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Palm City FL		City & State Same	
Zip 34990	Country USA	Zip	Country

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SECRETARY OF STATE
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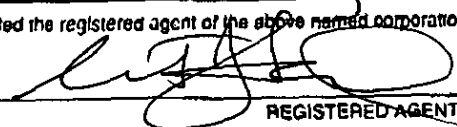
4. Date Incorporated or Qualified To Do Business in Florida 1990	
5. FEI Number 65-0258521	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee req'd for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Vincent J. Laviaro
Street Address (P.O. Box Number is Not Acceptable) 2481 SW Racquet Club Dr
Suite, Apt. #, Etc.
City Palm City **State** FL **Zip Code** 34990

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



Date

9-19-2000

REGISTERED AGENT MUST SIGN

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
Pres	Vincent J. Laviaro	2481 SW Racquet Club Dr	Palm City, FL 34990
Sec.			

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:



Vincent J. Laviaro

Date

9/19/2000 561-781-17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Daytime Phone #