

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 4: 01

DOCUMENT # 371461

1. Corporation Name

PRESTIDGE/SOUTHEAST, INC.

800161891798
10/19/09--01004--013 **4350.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
300 STEEPLE POINT DRIVE

3. Mailing Office Address
300 STEEPLE POINT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ROSWELL, GA

City & State
ROSWELL, GA

Zip
30076

Country
U.S.A.

Zip
30076

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 10/20/1970

5. FEI Number
58-1091336

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
JOHN E. WHITE

Street Address (P.O. Box Number is Not Acceptable)
551 S. MASHTA DRIVE

Suite, Apt. #, Etc.

City
KEY BISCAZYNE

State Zip Code
FL 33149

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

Date 10/14/09

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
P	WILLIAM F. GLIDDEN	300 STEEPLE POINT DRIVE	ROSWELL, GA 30076
S/T	JOHN E. WHITE	551 S. MASHTA DRIVE	KEY BISCAZYNE, FL 33149

81-09 B 10/20/09

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:

JOHN E. WHITE

10/14/09

305-361-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #