PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	们的 02 OCT -7 PM 3:30
DOCUMENT # 527926  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Richard Prentiss, Inc	•	2000083077626 -10/10/0201053022 ****900.00 ****900.00
2. Principal Office Address 2450 Presidential Way	3. Mailing Office Address	REINSTATEMENT 2001-2007
Suite, Apt. #, etc. PH 7	Suite, Apt. #, etc.	Date Incorporated or Qualified
City & State West Palm Beach, FL	City & State	To Do Business in Florida 03/16/77  5. FEI Number Applied For Not Applicable
33401 Palm Beach	=Zip Country	13-5659042   Not Applicable  6.   Sertificate of Status Desired   Sertificate of Status    CERTIFICATE OF STATUS DESIRED   Sertificate of Status   Sertificate of Sertifica
Street Address (PO. Box Number is Not Acceptable) 2450 Presidential Way  Suite, Apt. #, Etc. PH 7 City West Palm Beach  8. I, being appointed the registered agent of the above named corporation, and amiliar with and accept the obligations of section 607.0503, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Street Address of Each		
Titles Officers and/or Directors	Officer and/or Direct	
COB Prentiss, Richard	d J 2450 Presidenti	al #PH7 WPalm Beach, FL 33401
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 legarified as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D		

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