

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 DEC -1 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **158763**

1. Corporation Name
PRIZECO, INC.

Principal Place of Business

Mailing Address

**4233 MAGNOLIA COURT
PALM BEACH GARDENS, FL
33418**

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida **1/17/89**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0097517

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

1 Titles	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P,S	RICHARD PREISER	4233 Magnolia Court	Palm Beach Gardens, Florida 33418

100002863261--4
-12/04/97--010910--009
******915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Richard Preiser
135 SE 5th Avenue, Suite 200
Delray Beach, Florida 33483**

Name
Richard Preiser

Street Address (P.O. Box Number is Not Acceptable)
4400 N. Federal Highway,

Suite, Apt. #, Etc.
Suite 210

City
Boca Raton

State / Zip Code
FL 33431 33431

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent *Richard Preiser*
Richard Preiser REGISTERED AGENT MUST SIGN

Date **1/12/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(b), 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: *Richard Preiser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Preiser, President

Date **1/12/97** (561) 416-8933
Dwelling Phone