

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

Division of Corporations

FILED

02 DEC 20 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/20/02--01064--001 **155.00

DOCUMENT # L0100000 8049

1. Limited Liability Company's Name

PRISMA PROPERTIES, L.C.

2. Principal Office Address

100 S.E. 2nd Street

3. Mailing Office Address

100 SE 2nd Street

46 Collins

Suite, Apt. #, etc.

#3920

Suite, Apt. #, etc.

#3920

City & State

MIAMI, FL

City & State

Miami, FL

Zip

33131

Country

US

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA/US 18595

5. Date Organized or Qualified To Do Business in Florida

5/18/01

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CHRISTINA COLLINS

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

100 S.E. 2nd Street, #3920

Suite, Apt. #, Etc.

#3920

City

MIAMI

State
FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Christina Collins

Date

12-2-02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SOLTESZ, GABOR	Ilka u. 33	1143 Budapest, Hungary

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Gabor Soltesz

Date

12-13-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Soltesz, Gabor