## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY			DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			FILED				
DOCUMENT # L04000037552  1. Limited Liability Company's Name						12 APR -5 PM 2: 18 SECTION OF STATE THE ANALYSEE, REORIDA				
										Prestige Acquisitions, LLC
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address				CR2E041 (1/11)				
12221 Overseas Hwy		12221 Overseas Hwy			wy	State/Country of Formation     Florida/USA				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Date Organized or Qualified To Do Business in Florida May 2004				
City & State  Marathon, FL		Marathon, FL				6. FEI Number Applied For				
Zip Country		Zip		Country		54-215 7.	7. \$5.00 Additional Fee required			
33050 USA	\	33050		US,	A	CERTIFICATE	OF STATUS DESIRED 🔲		tificate of Status	
8. Name and Address of Current Registered Agent						-	F . 7 & Lilia			
Name Richard E. Warner					E-mail Address: 200223958242					
Street Address (P.O. Box Number is Not Acceptable) 12221 Overseas Hwy					200223958242 03/06/1201028011 **238.75					
Suite, Apt #, Etc.					Richard@rewarnerlaw.com					
city Marathon	State Zip Code FL 33050			(To be used for future annual report notices)						
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 REGISTERED AGENT MUST SIGN										
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/Manage				City / State / Zip			
Manager Richard E. Warner			57365 Morton Stre			treet	Marathon,	FL	33050	
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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 filling 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Signature of Managing  Member/Manager  Date 2/29/12  Daytime Phone #305-743-6022										

Typed or printed name of signing Managing Member/Manager Richard E. Warner