

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

OCT 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L04000038234 1. Entity Name PRESTIGE IMAGE LLC				 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1099 WINTER LANE TALLAHASSEE, FL 32311		Mailing Address P O BOX 38520 TALLAHASSEE, FL 32315		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">OCT 21 PM 2:17</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">10212008 REIN-LLC CR2E101 (1/07)</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">4. FEI Number 27-0091202</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">Applied For Not Applicable</div>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1099 WINTER LN. Suite, Apt. #, etc.			
City & State Zip Country		City & State TALLAHASSEE, FL 32311 Zip Country 32311			
6. Name and Address of Current Registered Agent LUJAN, VICTOR 1099 WINTER LANE TALLAHASSEE, FL 32311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>[Signature]</i></u> DATE <u>10.20.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUJAN, VICTOR 1099 WINTER LANE TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 5px;">000137168730</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">10/22/08--01034--009 **138.75</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					