

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 16595

1. Corporation Name
Prisy's Corporation

| | | | |
|---|--------------------------|--|---------|
| 2. Principal Office Address <u>5721 N.W. 36 Street</u> | | 3. Mailing Office Address <u>same</u> | |
| City & State <u>Virginia Gardens, FL</u> | | City & State | |
| Zip <u>33166</u> | Country <u>U.S.A.</u> | Zip | Country |

REINSTATEMENT-01

4. Date Incorporated or Qualified To Do Business in Florida SP

5. FBI Number
65-0124028

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
Esperanza Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
5721 N.W. 36 Street

Suite, Apt. #, Etc.

City
Virginia Gardens

State
FL

Zip Code
33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Esperanza Rodriguez

REGISTERED AGENT MUST SIGN

Date
4-2-01

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|-----------------------------------|--|----------------------------------|
| <u>Pres</u> | <u>Esperanza Rodriguez</u> | <u>5721 N.W. 36 St.</u> | <u>Virginia Gardens FL 33166</u> |
| | | | |
| | | | |
| | | | |

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 legal effect as if made under oath.

SIGNATURE: Esperanza Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/2/01

Daytime Phone #
305-870-9902

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

PRISY'S CORPORATION

| | |
|-----------------------|------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$1,358.75 |