


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 00 DEC -4 AM 10:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT *2000*

DOCUMENT # L96000001301
1. Limited Liability Company's Name
 PRESTIGE INTERIORS, L.C.

2. Principal Office Address 500 SE Mizner Blvd Suite, Apt. #, etc. Suite 808 City & State Boca Raton, FL Zip 33432		3. Mailing Office Address c/o Edward G. Weiner 2001 SW 20th Street Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33315		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/10/96	
6. FEI Number 65-0713983	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name
 Robb R. Maass, Esquire

Street Address (P.O. Box Number is Not Acceptable)
 321 Royal Poinciana Plaza, South

Suite, Apt. #, Etc.
 ****150.00 ****150.00

City
 Palm Beach

State
 FL

Zip Code
 33480

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 *RM* Date 11/27/00
 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
MEM	Edward G. Weiner	500 SE Mizner Blvd, Ste 808	Boca Raton, FL 33432

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 *E. Weiner* Date 11/22/00 Daytime Phone (954) 522-1882
 Typed or printed name of signing Managing Member/Manager Edward G. Weiner

CR2E041 (9/99)