


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

Country

USA

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

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 ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. 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.

City

Palm Beach

State

FL

Zip Code

33480

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****150.00 ****150.00

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

CR2041 (9/99)