

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

JF
FILED
01 JAN 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99-663**

1. Limited Liability Company's Name

Prime & Technologies, LC

REINSTATEMENT 2000-01

2. Principal Office Address

350 NW 12TH AVENUE

Suite, Apt. #, etc.

SUITE 150

City & State

DEERFIELD BEACH

Zip

33442

Country

USA

3. Mailing Office Address

350 NW 12TH AVENUE

Suite, Apt. #, etc.

SUITE 150

City & State

DEERFIELD BEACH

Zip

33442

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

1-1999

6. FEI Number

65-0893712

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

JONATHAN BLOOM, P.A.

300003856433-9

Street Address (P.O. Box Number is Not Acceptable)

21845 POWERLINE ROAD

03/16/01-01091-028

******205.00 ****205.00**

Suite, Apt. #, Etc.

SUITE 207

City

BOCA RATON

State

FL

Zip Code

33433

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

J Bloom

REGISTERED AGENT MUST SIGN

Date

1-15-01

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
PRES	EVAN R. BROVENICK	350 NW 12 TH AVE	DEERFIELD BEACH 33442
SEC	DAVID J. BLECHMAN	350 NW 12 TH AVE	DEERFIELD BEACH 33442

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 R Brovenick

Date **1-15-01**

Daytime Phone #

954-426-4056

Typed or printed name of signing Managing Member/Manager

EVAN R. BROVENICK