

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 DEC 17 AM 11:02

DOCUMENT # **M44707**

1. Corporation Name

PRIMA PROPERTIES CORPORATION

Principal Place of Business

Mailing Address

4702 SW 74 AVE
 1500 SAN REMO #125
 MIAMI FL 33155
 US

1330 NW 78 AVE
 MIAMI FL 33126
 US



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <i>1330 NW 78 AVE</i>		Suite, Apt. #, etc. <i>1330 NW 78 AVE</i>		01/13/1987	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>		5. FEI Number 65-0084761	
Zip <i>33126</i>		Zip <i>33126</i>		Applied For Not Applicable	
Country <i>Dave</i>				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DSP	CANTOR, ALBERTO	1500 SAN REMO AVE., #125	CORAL GABLES FL

000004744770--1
 -12/31/01--01049--020
 ****758.50 ****749.75

000004744770--1
 -12/31/01--01049--020
 ****758.50 ****758.50

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHARE, LESLIE A. 1500 SAN REMO #125 CORAL GABLES FL 33146		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Leslie A. Share* REGISTERED AGENT MUST SIGN Date *11/30/01*

11. 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: *Alberto Cantor, Jr. President* Date *12/22/01* Daytime Phone # *305-476-7844*

CRF040 (8/01)