


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M53644					
1. Corporation Name PRIME CORNERS, INC.					
2. Principal Office Address 1620 Sweetbay Way Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State Hollywood, FL			City & State		
Zip 33019	Country USA	Zip	Country		

FILED

00 JAN 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 18-12

4. Date Incorporated or Qualified To Do Business in Florida	06/11/87
5. FEI Number 59-2818462	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> REINSTATEMENT	

7. Name and Address of Current Registered Agent

Name Craig D. Savage		
Street Address (P.O. Box Number is Not Acceptable) Craig D. Savage, P.A. 801 NE 167th Street		
Suite, Apt. #, Etc. Suite 302		
City North Miami Beach	State FL	Zip Code 33162

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

REGISTERED AGENT MUST SIGN

Date 1/19/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-S-T D	Ronald Werner	1620 Sweetbay Way	Hollywood, FL 33019

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)(l), 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:

Ronald Werner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

954.267.9900

Daytime Phone #

KE