## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIO ISTATEME	Service & Laure	Se	cretary	MENT OF STATE of State preparations			TLED 24 PM 1:3	7	
DOCUMENT # N9900006227  1. Corporation Name						FALLANATTE, FLORIDA				
The Prodigy Group, Inc.						• • • •	·	ar s		
2. Principal Office Address 1425 CADILLAC DR.  3. Meiling Office Address 1425 CADILLAC DR.							CR2E	್ಕ್ನಿ( :081 (12/05)	73-06	
Suite, Apt. #, etc. Suite, Apt. #,				<b>.</b> .		4. Date Incorporated or Qualified Ct. 7, 1999				
Daytona Beach, Fla. Day				na B	each, Fla.	5. 59-3588409 Applied For Not Applicable				
<sup>z</sup> 3211	17   t	Ĵ.Ŝ.A.	32117		Ű.S.A.	6. CERTIFICATE	OF STATUS DESIR		ional Fee required ificate of Status	
7. Name and Address of Current Registered Agent										
	Söhn A. Stanton									
	121°172°N. Woodland Blvd.					<del>- 8000679</del> 03/15/0601011			421. 75	
	Suite, Apt. #, Etc.									
	Ďeland <u></u>							FL 32722		
8. I, being appointed the registered agent of the above famed corposition, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of										
Registered Agent X Date 2/22/06										
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			
С	Lessie D. Small			1425 CADILLAC DR.			Daytona Beach, Fla.32117			
D	Kevin Perry			1425 CADILLAC DR.			Daytona Beach, Fla.32117			
М	George E. Sullivan			420 Alamanda Street			Daytona Beach, Fla.32114			
				12/28						
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 filling 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 contained in Chapter 119, 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:  George E. Sullivan Feb. 19, 2006 386-212-3173  Date Daytime Phone #										