PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 10 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000096255

1. Corporate Name
Prominent Services & Insurance, Corp.
275 Fontainebleau Blvd, Suite 210
Miami, FL 33172

2. Current Office Address		3. Mailing Office Address	
SAME		SAME	
Street Address		Street Address	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1046417 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jessica D. Michel 300011994103 02/07/03--01080--015 **600.00

Street Address (P.O. Box Number is Not Acceptable): 6765 NW 186 Terrace

Suite/Apt.#, Etc.: 10

City: Miami Lakes State: FL Zip Code: 33015

8. Having been 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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
Pres.	Jessica D. Michel	6765 NW 186	Miami Lakes, FL 33015
V. Pres	Ana Velasquez	1182 NW 133 Ave.	Miami, FL 33182

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)(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: _____ 2/5/03 (305) 207-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

February 5, 2003

Uniform Business Report
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

RE: Document # P00000096255
EIN# 65-1046417

To Whom It May Concern:

As per our conversation with your office I have included a check for $600.00 to cover the year 2001 & 2002. If you would need further information or assistance to update my corporation please contact our office (305) 207-8585.

Also please note that as of today we still have not received the notice for the year 2003 please have a copy resent to us as soon as possible.

Thank you,

Ana Velasquez