

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 10 PM 2:08

CORPORATION
REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000096255

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

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

State / Apt. # Etc.

State / Apt. # Etc.

City & State

City & State

City

Country

City

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

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

6765 NW 186 Terrace

Suite / Apt. # Etc.

City

Miami Lakes

State

FL

Zip Code

33015

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

(305) 207-8585

Daytime Phone #

CR2E081 (9/01)

February 5, 2003

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

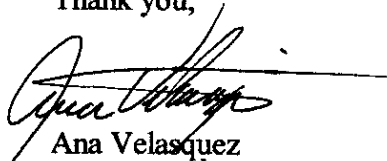
RE: Document # P00000096255
EIN# 65-1046417

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