

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000024142

1. Corporation Name

PRICE PROTOTYPES INC.

KA

2. Principal Office Address

11094 PERISIMMON BLVD.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

3. Mailing Office Address

11094 PERISIMMON BLVD.

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/05/2001

5. FEI Number

65-1083963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 DEC 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300025722843
12/23/03--01019--033 **900.00
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

STEVEN PRICE

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

11094 PERISIMMON BLVD.

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/19/07

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
PRESID	STEVEN L. PRICE	11094 PERISIMMON BLVD.	ROYAL PALM BEACH, FL 33411

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/07

Daytime Phone #

CR2E081 (10/02)