

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088198

1. Corporation Name

PRS Cuisine, Inc

2. Principal Office Address

7640 N. Wickham Rd

Suite, Apt. #, etc.

#120

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Office Address

7640 N. Wickham Rd

Suite, Apt. #, etc.

#120

City & State

Melbourne, FL

Zip

32940

Country

USA

REINSTATEMENT 04-06

CR2E081 (12/05)

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

Jan '02

5. FEI Number

593743817

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

Sandra Wagner

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

4190 S. Tropical Trail

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

Sandra J. Wagner

REGISTERED AGENT MUST SIGN

Date 5-22-06

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
P	<u>Sandra Wagner</u>	<u>4190 S. Tropical Tr</u>	<u>Merritt Island, FL</u> <u>32952</u>
T	<u>Richard Wagner</u>	<u>4190 S. Tropical Tr</u>	<u>Merritt Island, FL</u> <u>32952</u>
	<u>8/26/6</u>		

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 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:

Sandra J. Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-06

Date

Daytime Phone #

(321) 254-7075



May 22, 2006

Florida Department of State
Divisions of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Corporate Filing for PRS Cuisine, document number P01000088198

To Whom It May Concern:

I, Sandra J. Wagner, have owned and operated the PRS Cuisine, Inc business located at 7640 N. Wickham Road Melbourne, FL 32940 for the past four years. During that time period, I have consistently filed and paid taxes on my state and federal tax returns, paid state, county and city licenses, filed and paid quarterly federal unemployment taxes, payroll taxes and county real estate taxes.

I have complied with every tax and license fee throughout my ownership of this business. Recently, through a conversation with a fellow business owner, I was very much surprised to find out that there is an annual fee for The Division of Corporations. It is my understanding that this information was to be sent to my place of business or home. This information has never been sent to either address for as long as I have owned this business.

I respectfully ask that in order to resolve this issue that any and all penalties and fines be removed and that the status of my corporations change from inactive to active. I have enclosed a check for the four years of the corporations existence. Thank you for your consideration into this matter.

Sincerely,

Sandra J. Wagner