


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 JAN 16 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100115311821
01/16/08--01037--003 **450.00REINSTATEMENT 05-07
CR2E081 (1007)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000017279

1. Corporation Name

PRAMS INTERNATIONAL INC

2. Principal Office Address - No P.O. Box #

4040 SW 68TH AVE

3. Mailing Office Address

5903 W MCNAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

NORTH LAUDERDALE

Zip

33023

Country

USA

Zip

33068

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/2002

5. FEI Number

331007177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BARBARA AMOREStreet Address (P.O. Box Number, if Applicable)
5903 W MCNAB ROAD

Suite, Apt. #, Etc.

City
NORTH LAUDERDALE

State

FL

Zip Code
33068
☒ The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.

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

12/27/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JOHNSON, HENRY C	4040 SW 68TH AVE	MIRAMAR FL 33023
D	CARTER, MARGARET E	4040 SW 68TH AVE	MIRAMAR FL 33023
D	MILLS, VERONICA	4040 SW 68TH AVE	MIRAMAR FL 33023
D	CHRISTIE, NED	4040 SW 68TH AVE	MIRAMAR FL 33023

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

BARBARA AMORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/07

Date

(954) 465 5310
Business Phone #

1/18/08