

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED
Oct 21, 2003 8:00 A.M.
Secretary of State

200023961232
10/21/03--01022--011 **158.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000052516

1. Corporation Name

PRIME SOLUTIONS INC

2. Principal Office Address

3759 N.W. 16 STREET

Suite, Apt. #, etc.

SUITE 4

City & State

LAUDERHILL, FL

Zip

33311

Country

US

3. Mailing Office Address

3759 N.W. 16 STREET

Suite, Apt. #, etc.

SUITE 4

City & State

LAUDERHILL, FL

Zip

33311

Country

US

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

5/13/2002

5. FEI Number

010704750

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

CHARLES PHANORD

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

3759 N.W. 16 STREET

Suite, Apt. #, Etc.

SUITE 4

City

LAUDERHILL

State

FL

Zip Code

33311

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

10/16/2002

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
C	CHARLES PHANORD	3759 N.W. 16 STREET, SUITE 4	LAUDERHILL, FL 33311
S	CHARLES WILLIAMS	3759 N.W. 16 STREET, SUITE 4	LAUDERHILL, FL 33311
PT	FLOYD ASKEW	3759 N.W. 16 STREET, SUITE 4	LAUDERHILL, FL 33311
DO	TONY PHANORD	3759 N.W. 16 STREET, SUITE 4	LAUDERHILL, FL 33311

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:

FLOYD ASKEW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

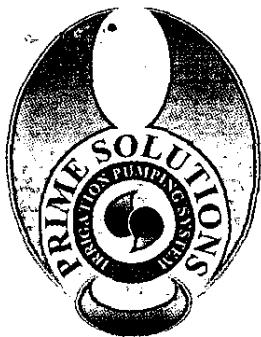
Date

10/16/03

Daytime Phone #

954-914-4003

CR2E081 (10/02)



Pranord

October 17, 2003

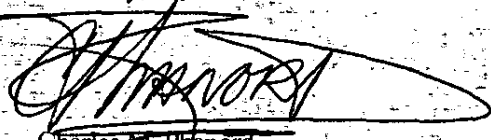
State of Florida
Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is in reference to the inactivity status of Prime Solutions Inc. Our Corporation did not receive the Division of Corporation annual report request package sent by your office. After speaking to your office, we we're instructed on the actions needed to be made. I have enclosed a check made out to the Department of State in the amount 150.00 dollars for this corporation's reinstatement.

I have also enclosed an additional check in the amount of 8.75 for certificate of status.

Sincerely,


Charles M. Pranord
Chairman of the Board of Directors