

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000056878

1. Corporation Name

Prestige Auto Works, Inc

2. Principal Office Address

618 South Olive Ave

3. Mailing Office Address

618 S. Olive Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 05/21/02

5. FEI Number

300084995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Omar Callum

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

618 S. Olive Avenue

Suite, Apt. #, Etc.

Suite B

City

West Palm Beach

State

FL

Zip Code

33401

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 08/11/06

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	Omar Callum	4609 S. W. Masfield St.	Port St. Lucie, FL 34953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/11/06

Date

561-514-0414

Daytime Phone #

K. Eckel SEP 25 2006



618 South Olive Ave, Suite B
West Palm Beach, FL 33401
561.514.0414 voice 561.514.0474 fax

"WE HAVE WHAT YOUR CAR HAS BEEN ASKING FOR"

August 11, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom it may Concern,:

My Bank has just notified me that my Corporation is Inactive, Administrative Dissolution for annual Report.

I would appreciate your office waiving the Reinstatement fees due to the fact that I was unaware of the annual reporting fees. The current registered agent of record Patrick M. Whitehead did not advise me of the annual reporting when he originally delivered my corporate paperwork and left the company he worked for a few months later. His office address was shown as current agent of record so I did not receive notice regarding my annual reports. My business was also not working for most of the period 2003 to 2006 due to major road construction in front of the business.

Please find attached my completed Corporation Re-instatement form. I have also attached my check for \$450.00 for the Annual Report Fee and Corporate Supplemental Fee for the years 2003, 2004 and 2005.

Should you have any questions or concerns, please feel free to contact me.

Sincerely,
Omar Callum
President, /CEO