

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000079651**

1. Corporation Name

PRESTIGE SUPPLIES, INC.

Principal Place of Business

317 3RD STREET
ORLANDO FL 32824

Mailing Address

317 3RD STREET
ORLANDO FL 32824

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

20-0000482

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRANCO, MICHAEL	317 3RD STREET	ORLANDO FL 32824
V	BRANCO, MAURO	317 3RD STREET	ORLANDO FL 32824

900024251239

10/29/03--01046--002 **150.00

8. Name and Address of Current Registered Agent

BRANCO, MICHAEL
317 3RD STREET
ORLANDO, FLORIDA FL 32824

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Michael Branco
REGISTERED AGENT MUST SIGN

Date 10-20-03

11. 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:

Michael Branco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03

Date

Daytime Phone #

Prestige Supplies, Inc.

317 Third Street
Orlando, FL 32824
(407) 857-7089
(407) 857-1597
Mbranco@cfl.rr.com

October 23, 2003

Florida Department of State
Glenda E Hood
Secretary of State
Division of Corporations

To Whom it may concern:

We are by this letter asking to reinstate the corporation Prestige Supply's, Inc.
We never received a notice with in the January to May time frame or even before we received this present notice of dissolved / revoked status! So we are sending a check for the normal report (\$150.00) without the penalty fee for a for-profit corporation with the expectation that your excellence will consider and accept in our behalf.

Thanking you for your considerate attention
Sincerely: Michael B Branco

