

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000090399

1. Entity Name
PRIME SOURCE REALTY INC.



FILED

05 JAN 31 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4141 N. MIAMI AVE
STE 105-D
MIAMI, FL 33127

Mailing Address
4141 N. MIAMI AVE
STE 105-D
MIAMI, FL 33127

2. Principal Place of Business
4770 Biscayne Blvd
Suite, Apt. #, etc. 600

3. Mailing Address
4770 Biscayne Blvd
Suite, Apt. #, etc. 600



REINSTATEMENT

SR2E098 (6/04)

04-05

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33137

Country
Dade

Zip
33137

Country
Dade

4. FEI Number
05-0527281

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WINKELMAN, CHARLES L PA
780 NE 69 ST.
#1207
MIAMI, FL 33138

7. Name and Address of New Registered Agent
Name: RON LAURENT
Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd Ste 600
City MIAMI FL Zip Code 33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 1/20/04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKELMAN, CHARLES L 780 NE 69 ST #1207 MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RON LAURENT 4770 Biscayne Blvd Ste 600 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Geste LeTang 4770 Biscayne Blvd Ste 600 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700046293447 02/10/05--01010--015 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles L Winkelman* DATE: 1/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR