


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000094173


1. Entity Name
PRA DESTINATION MANAGEMENT SOUTHEAST
FLORIDA, INC



FILED
09 MAR 30 PM 2: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5410 S.W. 130 AVE. FORT LAUDERDALE, FL 33330	Mailing Address 5410 S.W. 130 AVE. FORT LAUDERDALE, FL 33330
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03269909 REINSTATEMENT 03269909 (1/07) **REINSTATEMENT 28-09**

4. FEI Number
81-0570347

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

6. Name and Address of Current Registered Agent

VILLACRES, WICHITA
5410 SW 130 AVE
FT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: Wichita Villacres WICHITA VILLACRES 3-26-09

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILLACRES, WICHITA			NAME		900147978659	
STREET ADDRESS	5410 SW 130 AVE.			STREET ADDRESS		03/30/09--01048--005 **308.75	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330			CITY-ST-ZIP			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVERY, MAOREEN J			NAME			
STREET ADDRESS	5410 SW 130 AVE.			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wichita Villacres WICHITA VILLACRES 3-26-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #