

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 29 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095809

1. Corporation Name

PRIME MANAGMENT, INC.

**REINSTATEMENT** 03

100024254361  
10/29/03--01057--007 \*\*758.75

2. Principal Office Address 2400 Laguna Drive Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33316		3. Mailing Office Address 2400 Laguna Drive Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33316	
Country U.S.		Country U.S.	

4. Date Incorporated or Qualified To Do Business in Florida 09/04/02	
5. FEI Number 54-2071432	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name  
Joseph Teresi  
Street Address (P.O. Box Number is Not Acceptable)  
2400 Laguna Drive  
Suite, Apt. #, Etc.  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33316

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

*Joseph Teresi*

REGISTERED AGENT MUST SIGN

Date October 23, 2003

**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/D	Joseph Teresi	2400 Laguna Drive	Ft. Lauderdale, FL 33316
T	Robert Davis	28210 Dorothy Drive	Agoura Hills, CA 91301
S	Mark S. Dodge	28210 Dorothy Drive	Agoura Hills, CA 91301
V/AS	Ellen Teresi	2400 Laguna Drive	Ft. Lauderdale, CA 91301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Dodge

10/23/03

Date

(818) 735 6531

Daytime Phone #

CP2E081 (10/02)

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