

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000041948

1. Corporation Name

prisca Inc.

2. Principal Office Address - No P.O. Box #
31349 philmar lane

Suite, Apt. #, etc.

City & State

wesley chapel, fl

Zip
33543

Country
pasco

3. Mailing Office Address
31349 philmar lane

Suite, Apt. #, etc.

City & State

wesley chapel, fl

Zip
33543

Country
pasco

7. Name and Address of Current Registered Agent

Name
queenate Okpaleke

Street Address (P.O. Box Number is Not Acceptable)
31349 philmar lane

Suite, Apt. #, Etc.

City
wesley chapel

State Zip Code
FL 33543

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

Queenate Okpaleke

REGISTERED AGENT MUST SIGN

Date

6/13/07

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
owner	queenate okpaleke	31349 philmar lane	wesley chapel, fl 33543

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:

Queenate Okpaleke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/13/07 (813) 335-4401

Daytime Phone #

FILED

2007 JUL 11 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700106262687
07/17/07--01023--020 **F00000

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 4/10/03

5. FEI Number
N/A

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/12/07