

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 DEC 12 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000078654

1. Corporation Name

Prestige Consulting of Florida, Inc.

2. Principal Office Address - No P.O. Box #
3749 Constancia Drive

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Zip

32043

Country

Clay

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2003

5. FEI Number
20-0672758

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shirley Moore

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

1912 Hamilton Street

Suite, Apt. #, Etc.

Suite 203

City

Jacksonville

State

FL

Zip Code

32210

000267391360
05/06/14--01002--018 **700.00

000267391360
12/12/14--01028--004 **200.00

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

Date

REGISTERED AGENT MUST SIGN

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
DPS	George Nowlan	3749 Constancia Drive	Green Cove Springs, FL 32043

10. E-mail Address: shirley@milnecorp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

George Nowlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-14

Date

904-387-5400

Daytime Phone #

PC 12/15/14