

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000085117**

1. Entity Name  
PRISCILLA HOMES, INC.

Principal Place of Business  
8551 N.W. 163RD TERRACE  
MIAMI LAKES, FL 33016

Mailing Address  
8551 N.W. 163RD TERRACE  
MIAMI LAKES, FL 33016

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
JEAN-GLAUDE, PRINSTON  
8551 N.W. 163RD TERRACE  
MIAMI LAKES, FL 33016

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 *Prinston J. Glauque* DATE 2/24/05  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-GLAUDE, EDWIGE 8551 N.W. 163RD TERRACE MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800047591738 03/02/05--01056--015 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-GLAUDE, PRINSTON 8551 N.W. 163RD TERRACE MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Prinston J. Glauque* DATE 2/24/05 305-345-1369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED  
05 FEB 22 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT 04-05**  
12/30/04 01058 003 \$750.00  
02242005 REIN-P CR2E098 (6/04)