



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000101308</b> 1. Entity Name PRESTIGE MANOR OF CORAL SPRINGS, INC.					
Principal Place of Business 1146 NW 39 ST. CORAL SPRINGS, FL 33065-7221			Mailing Address 1146 NW 39 ST. CORAL SPRINGS, FL 33065-7221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0459485</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <b>+</b>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GANGA-SINGH, HELEN M 701 CAMELLIA CT. PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE: <i>Helen Ganga Singh</i> <b>HELEN GANGA-SINGH, PRES.</b>  <small>(Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating))</small> </div> <div style="width: 35%; text-align: right;"> <b>8/23/05</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$300.00</b>			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 NAME STREET ADDRESS CITY-ST-ZIP	PVST GANGA-SINGH, HELEN M 701 CAMELLIA CT. PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>400058972244</b>  <b>08/25/05--01053--010 ***308.75</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
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: <i>Helen Ganga Singh</i> <b>HELEN GANGA-SINGH</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8/23/05</b> Daytime Phone # <b>954-346-8031</b>		

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 AUG 25 AM 11:41  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE