

1082
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # P-03000150651

1. Corporation Name

PRESTIGE MED CORP

2001 NW 7TH STREET

2. Principal Office Address

2001 NW 7TH STREET

3. Mailing Office Address

2001 NW 7TH STREET

Suite, Apt. #, etc.

SUITE 303

Suite, Apt. #, etc.

303

City & State

MIAMI

City & State

MIAMI

Zip

33125

Country

MIAMI-DADE

Zip

33125

Country

MIAMI-DADE

REINSTATEMENT 04

4. Date Incorporated or Qualified - 12/12/2003
To Do Business in Florida 08/09/2004

5. FEI Number
20-0478942

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

DELGADO, RENE

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

2001 NW 7 TH STREET

Suite, Apt. #, Etc.

SUITE # 303

City

MIAMI

State
FL

Zip Code
33125

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

René Delgado

Date 12/27/2004

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
P/S/D	DELGADO, RENE	2001 NW 7TH STRET # 303	MIAMI FL 33125
			500043748445
			12/30/04--01044--013 **158.75

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:

René Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2004

Date

305-644-2317

Daytime Phone #

CP2E081 (01/04)

292

Miami, Florida
December 27/2004

To: Division of Corporations
Reinstatement Section
State of Florida.

Ref: Doc # P-03000150651
Name: PRESTIGE MED CORP.

Case: Request for Reinstatement ""WAIVER FEES

Dear Specialist:

My Corporation was Filed on 12/12/2003.

On 06/24/2003, I request the change of address and I Rent the small Place
For business because the Corporation was Inactive, since 12/12/2003 to
08/09/2004, officially we starting the Business on that date.

Never had I received the Annual Report for the year 2004, to be filed on Time.
At my last address. This is the only reason I don't send on Time the correct
Annual Report of Corporation for the year 2004.


For my first time and my ignorance, I request that your office consider the
Penalties as WAIVER, for my first time, and let me reinstatement the Corporation
For the year 2004, with EXEMPT of the Penalties for late filling. "WAIVER FEES"

Attach I send the check in the amount to \$ 158.75, covering the Annual Report
Filling Fees for the year 2004, and 8.75 for Certificate of Status.

Please I would like for your section considerer this situation.

Note: The next annual-report Filling for the year 2005, shall be send to the
address describe in this Reinstatement Filling.

I appreciate your consideration, and have a happy holidays and New Year 2005

Regards,

Rene Delgado
President/Secretary/Director