

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041180

1. Entity Name  
PRESTIGIOUS PROPERTY, INC.



**FILED**  
05 NOV -7 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
475 CENTRAL AVENUE  
SUITE 407  
ST. PETERSBURG, FL 33701

Mailing Address  
475 CENTRAL AVENUE  
SUITE 407  
ST. PETERSBURG, FL 33701

2. Principal Place of Business  
3859 WERNA STUNTS RD  
SUITE, Apt. #, etc.  
SUITE 328  
City & State  
Lombard FL  
Zip  
32779 Country  
USA

3. Mailing Address  
3859 WERNA STUNTS RD  
SUITE, Apt. #, etc.  
SUITE 328  
City & State  
Lombard FL  
Zip  
32779 Country  
USA

11022005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-2177386

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OBESO, CARL E  
475 CENTRAL AVENUE  
SUITE 407  
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent  
Name  
Small Business Resources USA, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
773 S. Kinkman Rd  
SUITE 113  
City  
Orlando FL Zip Code  
32811

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 James K. Diener CPA JAMES K. DIENER 10/02/05  
(Signature, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 CARLOS OBESO 11/2/05 407 415 2512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #