## 2007 FOR PROFIT CORPORATION REINSTATEMENT

KEMOTATEMENT										
DOCUI  1. Entity Nam  PRESTIG	ne	# P04000043	312				07 AUG 2	FILED  07 AUG 29 AM II: 00		
Principal Plac	e of Business	5	Mailing Address			CLONLÏANT OF STATE TALLAHASSEE, FLORIDA				
18706 SW 3	51ST ST		18706 SW 351ST ST				TALLAHA	SSEE, I	FLORIDA	i
#70 HOMESTEAD, FL 33034			#70 Homestead, FL 33034							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					, e ao 6 is		
Suite, Apt. #. etc.			Suite, Apt. #, etc.				is areinape	CR2E		2-0
City & State			City & State		4. FEI Numb 20-089				plied For t Applicable	
Zip	p Country		Zip	Count	try	<del> </del>	e of Status Desired		\$8.75 Add Fee Required	litional
	6. Name	and Address of Current	Registered Agent	legistered Agent		7. Name and	d Address of New Re	gistered A	gent	
GHAWI, TO				ļ	Name					
18706 SW #70	351ST ST			Str		(P.O. Box Numb	er is Not Acceptable	)		
HOMESTE	:AU, FL 3	3034			City			FL	Zip Code	9
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  Signature, typod or printed name of registored signit and title if apolicable (NOTE: Registered Agent signature required when reinstating)  DATE										
ON IE. Regissared Agent agrature required with felinistating)  UAIE  UAIE										
FILE NOW!!! FEE IS \$900.00										
10.	r	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME	D GHAMA T	TONV	☐ Delete	TITLE	1				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		V 351ST ST #70 EAD, FL 33034			E ET ADDRESS -ST-ZIP	29 08/2	001087 3/0701048	<b>*998</b> 007	3 <b>02</b> **900,	. 00
TITLE	D		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS	GHAWI, SAMEERA INFESS 18706 SW 351ST ST #70			NAM(	ET ADDRESS					
CITY-ST-ZIP	HOMESTEAD, FL 33034				-ST-ZIP					
TITLE NAME			☐ Delete	TITLE	_				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		An 12	/	1	ET ADDRESS -ST-ZIP					
TITLE		(1,012	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS		7''			ET ADDRESS					
CITY-ST-ZIP TITLE			☐ Delete	CITY	-ST-ZIP				☐ Change	Addition
NAME			☐ Delete	NAME	I				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP					
TITLE			☐ Delete	TITLE				_	Change	☐ Addition
NAME STREET ADDRESS	J			NAME STREET						
CITY-ST-ZIP	<u> </u>				-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Design Phone #										