## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEM				DEPARTM Secretary o		0	FILED 8 OCT -6 PM I:	17	
DOCUMENT # P04000069588  1. Corporation Name							SEGRETAR STATE TALLAHASSEE, FLORIDA			
PRISMA HELP CORP.										
1282 SW PARMA AVE 128				1282 SV	3. Mailing Office Address 1282 SW PARMA AVE			CR2E081 (10/08)		
Suite, Apt. #, etc.				Suite, Apt. #,	Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 04/28/2004		
PORT ST LUCIE, FL				'	PORT ST LUCIE, FL			5. FEI Number Applied For 20-1066993 Not Applied be		
<sup>Zip</sup> 34953.		Country	1	Zip 34953	C	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
. ;	· '	7. Nar	ne and Addres	s of Current Regis	stered Agent		T			
Name LEONARDO SALAMANCA Street Address (P.O. Box Number is Not Acceptable)							✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
1282 SW PARMA AVE Suite, Apt. #, Etc.										
City PORT ȘT LUCIE						Zip Code	_ fee be waived.			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN							bligations of section 607.0505 or 617.0503, F.S.  Date			
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 / Sta	te / Zip	
Р	LEONARDO SALAMANCA			NCA	1282 SW PARMA AVE			PORT ST LUCIE	E, FL 34953	
·							30013660913 10/06/0801041006 **300.00			
	RE	IN	STA	<b>FEMI</b>	NT					
						RH	· · · · ·			
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 filting 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 dived by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #										