

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000092978

1. Entity Name
PRODIGY INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 13 PM 2:34

Principal Place of Business
8020 WEST HAMPTONS BLVD.
203
NORTH LAUDERDALE, FL 33068 US

Mailing Address
8020 WEST HAMPTONS BLVD.
203
NORTH LAUDERDALE, FL 33068 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 REIN-P CR2E098 (11/05)

4. FEI Number

56-2466947

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METZ, DEWAYNE K
8020 WEST HAMPTONS BLVD
203
NORTH LAUDERDALE, FL 33068

Name

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

City

FL

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/2006

DATE

FILE NOW!!! FEE IS \$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

TITLE P ☐ Delete
NAME METZ, DEWAYNE K
STREET ADDRESS 8020 WEST HAMPTONS BLVD # 203
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100066213521
CITY-ST-ZIP 02/20/06--01073--004 **308.75

TITLE VP ☐ Delete
NAME METZ, DANIELA
STREET ADDRESS 8020 WEST HAMPTONS BLVD # 203
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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] Dewayne K. Metz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

(954) 720-3449

Daytime Phone #