

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

07 APR -9 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000114939

1. Corporation Name
Prestigious International Realty, Inc

JSC

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1885 NE 29th Ave.

3. Mailing Office Address
526 NE 195 Street

Suite, Apt. #, etc.
Suite 700

Suite, Apt. #, etc.

City & State
Aventura, Florida

City & State
North Miami Beach, FL

Zip
33180

Country
Jade

Zip
33179

Country
Jade

4. Date Incorporated or Qualified To Do Business in Florida
8/09/2004

5. FEI Number
20-1466221

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
Andrew Cuevas

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

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

☒ 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 fee be waived.

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
Andrew Cuevas

4/01/07

Date
4/02/07

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
<i>President</i>	<i>Carmon Santana</i>	<i>526 NE 195 St</i>	<i>N. Miami Beach, FL 33179</i>

700096357187
04/10/07-01041-007 **450.00

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 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:

Carmon Santana *4/02/07* *458-0538*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #