## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE REAU	ALL INSTRUCTI	ONS BEI	ONL C	OWIFEE IN	110 11110	i Ortivi.	
CORPORATION REINSTATEMENT	-	TMENT OF a sy of State or	STATE		, -	25 PM 4:1	· •
DOCUMENT # 705000129483				CALDARY OF STATE ALLAHASSEE, FLORIDA			
JM PRESTIGE CONSTRUCTION,							
5 (11 7 155		) NC					
				DEINIG	STATE	WENT_	n7-18
2. Principal Office Address - No P.O. Box #	3. Mailing Office Addres	5 <b>S</b>		LEMA	) MILL	At period A	0 (
7480 NW 70th Ave.	70 BOX	97049	17		CR	2E081 (12/07)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorp	orated or Qualit	fied	13.5
City & State	City & State			To Do Busir	ness in Florida	09/2	21/05
Parkland, Fl.	Coconut	Creek	#1	<b>5.</b> FEI Number	, 58 O.	620	Applied For  Not Applicable
Zip Country	Zip	Country	7	6.		10.75	dditional Fee required
33067 US	33097	us	)	CERTIFICATE	OF STATUS DES		Certificate of Status
	f Current Registered Ager	nt				•	
Name Suyting Martinez				The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable)				the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. I NEVER RECEIVED TOTICES			
7480 NW 70th AVA. Suite, Apt. #, Etc.							
Parkland, State Zip Code FL 3306				because address online is incorrect Actual address shown above			
8. I, being appointed the registered/agent of the abo	ve named corporation, am						3.30 (6)
Signature of						Sept. 20	פממני ר
Registered Agent R	EGISTERED AGENT MUST	r sign			Date	<u> 2001. 20</u>	5, 2000
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonpro	ofit corporations r	nușt list at le	ast 3 directors)			
Titles Name of Officers and/or Directors			lress of Each			City / State / Z	Zip .
President Justino mart	10ez 748		70th	Ave.		· · · · · · · · · · · · · · · ·	
Justino man	ta ta	rkland_		33067			
S Veronica marti	nez 195	D NW	<del>101</del>	h Ave 33067			
		- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	, ,				
							<u> </u>
		•		4 <u>0</u>	0136	<u> 34734</u>	. <b>4</b>
			·	037727	<u> </u>	4005 **	1308.7S
10. I certify that I am an officer or director or the receithis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my	solution has been eliminated names of individuals listed	l, the corporate n on this form do re	ame satisfies ot qualify for	the requirements an exemption con	of section 607.	0401 or 617.0401,	F.S., that all fees
SIGNATURE.				09120	108	954-65	4-1938
SIGNATURE: SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OF	FICER OR DIRECT	OR		Date	Daytime	Phone #

9/2600