


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000062568 1. Entity Name PRESTIGE SERVICES & REMODELING, INC.	
---	---

Principal Place of Business 5353 SHOLTZ ST NAPLES, FL 34113	Mailing Address 4008 W WATERS AVE STE 5 TAMPA, FL 33614
---	---

2. Principal Place of Business - No P.O. Box # 2711 Allen rd. Suite, Apt. #, etc. Apt. C-7 City & State Tallahassee FL Zip 32312 Country	3. Mailing Address 2711 Allen rd. Suite, Apt. #, etc. Apt. C-7 City & State Tallahassee FL Zip 32312 Country
--	--

**FILED**  
08 FEB 15 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

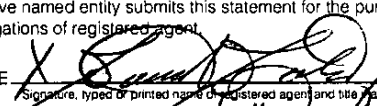


02152008 REIN-P CR2E098 (1/07)

4. FEI Number 20-4800231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALAS, NINFA 4002 W WATERS AVE STE 5 TAMPA, FL 33614	7. Name and Address of New Registered Agent Name Jose Salas Street Address (P.O. Box Number is Not Acceptable) 2711 Allen rd. City Tallahassee FL Zip Code 32312
---	--

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 02/15/08

<b>FILE NOW!!! FEE IS \$300.00</b>	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 NAME STREET ADDRESS CITY - ST - ZIP	P SALAS, JOSE S 4002 W WATERS AVE STE 6 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Salas, Jose S 2711 Allen rd. Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALAS, NINFA M 4002 W WATERS AVE STE 5 TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900119552509 03/06/08--01019--024 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 02/15/08 DAYTIME PHONE #