2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000068076

1. Entity Name
PRISMATIQUE, CORP.

FILED
2009 JUL -7 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
300 GOLDEN ISLES DR. 209 HALLANDAL, FL 33009 US	300 GOLDEN ISLES DR. 209 HALLANDAL, FL 33009 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
320 NE 12th Ave	320 NE 12th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country: US	Zip: 33009 Country: US

4. FEI Number 26-0382192 — 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
GALAN, LUIS A 300 GOLDEN ISLES DR. 209 HALLANDALE, FL 33009	Name: Luis A. GAIAN Street Address (P.O. Box Number is Not Acceptable): 320 NE 12th Ave City: Hallandale FL Zip Code: 33009

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: LUIS A. GAIAN LUISALEJANDRA GAIAN 6-23-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	TITLE	P ☒ Change ☐ Addition
NAME	GALAN, LUIS A	NAME	Luis A. GAIAN
STREET ADDRESS	300 GOLDEN ISLES DR. #209	STREET ADDRESS	320 NE 12th Ave
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hallandale, FL 33009
TITLE	VPS ☐ Delete	TITLE	VPS ☒ Change ☐ Addition
NAME	LYNCH, CINDY G	NAME	Cindy G. Lynch
STREET ADDRESS	300 GOLDEN ISLES DR. #209	STREET ADDRESS	320 NE 12th Ave
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	Hallandale, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	800158212108
STREET ADDRESS		STREET ADDRESS	07/07/09--01028--005 **300.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: LUIS A. GAIAN LUISALEJANDRA GAIAN 6-23-09 (754) 423-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mitchell JUL 7 2009