# 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 09

| Principal Place of Business | Mailing Address |
|---|---|
| 300 GOLDEN ISLES DR.<br>209<br>HALLANDAL, FL 33009 US | 300 GOLDEN ISLES DR.<br>209<br>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<br>300 GOLDEN ISLES DR.<br>209<br>HALLANDALE, FL 33009 | Name: Luis A. GAIAN<br>Street Address (P.O. Box Number is Not Acceptable): 320 NE 12th Ave<br>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 GALAN LUIS ALEJANDRO GALAN 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GALAN, LUIS A<br>300 GOLDEN ISLES DR. #209<br>HALLANDALE, FL 33009 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Luis A. GAIAN<br>320 NE 12th Ave<br>Hallandale, FL 33009 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>LYNCH, CINDY G<br>300 GOLDEN ISLES DR. #209<br>HALLANDALE, FL 33009 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>Cindy G. Lynch<br>320 NE 12th Ave<br>Hallandale, FL 33009 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 800158212108<br>07/07/09--01028--005 **300.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** LUIS A GALAN LUIS ALEJANDRO GALAN 6.23.09 (754) 423-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B Mitchell III 7 2009