

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -4 PM 4:06

DOCUMENT #

P94000014932

1. Corporation Name

PRIME PROPERTIES OF CENTRAL FLA. INC

2. Principal Office Address

8505 N. ORLEANS AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33604

Country

U.S.A

3. Mailing Office Address

8505 N. ORLEANS AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33604

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 2000

5. FEI Number

59-3226100

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

Alex MIRAN

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

8505 N. ORLEANS

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33604

400004890914-3

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*****900.00 *****900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

JAN 22, 2002

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
PRES.	Sayed Raza MIRAN	8505 N. ORLEANS AVE	TAMPA FL 33604

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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 22, 2002

Daytime Phone #

(813)
495-7898

CR2E081 (9/01)