

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -5 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015531

1. Corporation Name

Prestige Products Inc.

900025552009
12/17/03--01017--003 **900.00

REINSTATEMENT 03

2. Principal Office Address

Shops At Oriole

Suite, Apt. #, etc.

4262 N State Rd 7

City & State

Lauderdale Lakes

Zip

33319

Country

3. Mailing Office Address

Shops At Oriole

Suite, Apt. #, etc.

4262 N. State Rd 7

City & State

Lauderdale Lakes, FL

Zip

33319

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0472286

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

Heather Ewers

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

4262 N. State Road 7

Suite, Apt. #, Etc.

City

Lauderdale Lakes

State

FL

Zip Code

33319

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

Heather Ewers

Date

12-05-03

REGISTERED AGENT MUST SIGN

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
VP	Neil Auguste	10757 W Clearing Blvd #105	Plantation, FL 33324
P	Heather Ewers	200 Crestwood Court #212	Rept Palm Bch, FL 33411
T	Hubert Auguste	10757 W. Clearing Blvd #105	Plantation, FL 33324

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:

Heather Ewers H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)