

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 22 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000011706

1. Corporation Name

PRIMEVEST MANAGEMENT CORP.

2. Principal Office Address

P.O. Box 616897

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32861

Country

US

3. Mailing Office Address

P.O. Box 616897

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32861

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1995

5. FEI Number

59-3389893

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

NICOLAS ROSARIO

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

822 CAMARGO WAY #109

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32791

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

N. Rosario

REGISTERED AGENT MUST SIGN

Date

5/20/01

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
P	NICOLAS ROSARIO	822 CAMARGO WAY #109	Altamonte Springs, FL 32791
V	ISABEL MATOS	822 CAMARGO WAY #109	Altamonte Springs, FL 32791
	20125-AK		
	10.00 - ARART		
	88.75 - ARBPP	00-01 UBR '178	

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:

N. Rosario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICOLAS ROSARIO

5/20/01

Date

407-342-5321

Daytime Phone #

CR2E081 (9/00)