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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS BLOCK

P95000045781

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF State
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -3 PM 4:05

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #

P95-000045781

Prestige International Development Group, Inc.

1005 RUSSELL DRIVE #2
HIGHLAND BEACH, FLORIDA 33487

8/23/96

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida: 6/13/95

5. FEI Number

☑ FEI Number Applied For
☐ FEI Number Not Applicable

6. $8.75 Additional fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☑

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	McClintock, Harvey	1005 Russell Drive #2	Highland Beach, Fl 33487
		3	100002020501--8 12/05/96--01012--008 ***1973.75 ****383.75
		REINSTATEMENT	1996

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Filings Inc.
3732 NW 16 St.
Ft Laud Fl. 33311

9. If changed, new registered agent / office

Name: Mitchell Pasin

Street Address (Do NOT Use P.O. Box Number): 1005 RUSSELL DRIVE #2

Street Address (Do NOT Use P.O. Box Number):

City: HIGHLAND BEACH DRIVE State: FL. Zip: 33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X Mitchell C. Pasin — REGISTERED AGENT MUST SIGN — Date: 11/22/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: X Harvey McClintock — Date: 11/22/96 — Daytime Phone #: 561-279-9069

Typed or printed name of signing officer or director: X Harvey McClintock

CR2E040 (8/92)