

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 DEC 27 AM 10:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000075699

1. Corporation Name

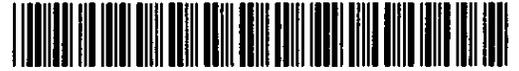
PRESTIGE INTERNATIONAL REALTY CORP.

Principal Place of Business

1111 N WESTSHORE BLVD SUITE 212 TAMPA FL 33607

Mailing Address

1111 N WESTSHORE BLVD SUITE 212 TAMPA FL 33607



Handwritten notes: 1/20/99 900091 048 \$150

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

54-1500357

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for KOUTROUBIS, MARJORIE A and RICCI, REMO R.

REINSTATEMENT 99

200003091442--6 -01/07/00--01044--003 ***600.00 ***600.00

8. Name and Address of Current Registered Agent

KOUTROUBIS, MARJORIE A 1111 N WESTSHORE BLVD SUITE 212 TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Handwritten signature and 'SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN' stamp

Date

12/11/99

11. 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

Handwritten signature and 'SIGNATURE REQUIRED' stamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE A. KOUTROUBIS

Date

12/11/99

Daytime Phone #