

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPLICATION
 FOR
 REINSTATEMENT

APPROVED
 AND
 FILED

1997 OCT 20 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000089911**

1. Corporation Name

FLORIDA PRESTIGE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7451 S.W. 8 STREET
 MIAMI FL 33144

7451 S.W. 8 STREET
 MIAMI FL 33144



100002327101 --- 7
 -10/22/97--01085--007
 *****223.75 *****223.75

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0621121	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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
PD	LEZCANO, MIGUEL	7451 S.W. 8 STREET	MIAMI FL 33144
DV	MORENO, LISVET	7451 S.W. 8 STREET	MIAMI FL 33144
			100002327101 --- 7 -10/22/97--01085--006 *****700.00 *****700.00

REINSTATEMENT *ale Moreno*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
LEZCANO, MIGUEL 7451 S.W. 8 STREET MIAMI FL 33144		Name <i>MORENO, Lisvet</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>7451 SW 8 St.</i>	
		Suite, Apt. #, Etc.	
		City <i>Miami - FL 33144</i>	State FL
		Zip Code <i>33144</i>	

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 *Lisvet Moreno* Date *09-23-97*
 REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: *Lisvet Moreno* Date *09-23-97* Daytime Phone # *305-267-3404*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)