H98000007328

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
98 APR 17 PM 4:09
FLORIDA DEPARTMENT OF STATE

DOCUMENT # P95000095994

1 Corporation Name

PROSPECT PLACE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6041 Hollows Lane Delray Beach, FL 33484	

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

2 New Principal Office Address, if Applicable	3 New Mailing Office Address, if Applicable
100 Lincoln Road	
Suite, Apt. #, etc. #822	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33139 Country U.S.A.	Zip Country

4 Date Incorporated or Qualified To Do Business in Florida: 12/19/95

5 FEI Number: 65-0643117 — Applied For ☐ Not Applicable ☐

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)

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
DPST	SIMON D. KARIC	885 Don Mills Rd Suite 202	Don Mills, Ontario.
		REINSTATEMENT 97-98	
		SCC 4-17-98	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PETER VRANKOVIC 6041 HOLLOWS LANE DELRAY BEACH, FL 33484	Name: AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is not Acceptable): One S.E. 3rd Avenue Suite, Apt. # Etc: 28th Floor City: Miami — State: FL — Zip Code: 33131

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: Maggie C.V. — REGISTERED AGENT MUST SIGN — Date: April 17, 1998

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 of 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 the 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: SIMON D. KARIC, PRESIDENT — 04/16/98 — (416) 445-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by Robert Chaskes, One S.E. 3rd Avenue, Miami, FL 33131 (305) 374 5600, FL 0102271

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