

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 18 PM 4:46

DOCUMENT # P96000030806

1. Corporation Name

Prestige Plan Admin. U.S., Inc.

2. Principal Office Address - No P.O. Box #

121 Maxine Road

Suite, Apt. #, etc.

City & State

Danville, VA

Zip

24541

Country

USA

3. Mailing Office Address

121 Maxine Road

Suite, Apt. #, etc.

City & State

Danville, VA

Zip

24541

Country

USA

200162930432
11/19/09--01001--009 **1050.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 04/03/1996

5. FEI Number
593430384

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

Robert Kapusta, Jr.

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

100 Second Avenue South

Suite, Apt. #, Etc.

Suite 701

City

St. Petersburg

State

FL

Zip Code

33701

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/12/09

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	Sharman Fullerton	121 Maxine Road	Danville, VA 24541
DST	William R. Whyte	121 Maxine Road	Danville, VA 24541
V	John Ventimiglia	121 Maxine Road	Danville, VA 24541

10. E-mail Address: whYte@aavi.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Whyte

Date

Daytime Phone #

Nov 13TH 2009 905 833 2221