


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <del>REINSTATEMENT</del> <i>WBR</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P96 000030806</i>			
<b>1. Corporation Name</b> Prestige Plan Admin. U.S. Inc.			
<b>2. Principal Office Address</b> 12600 Belcher Rd. S. Suite, Apt. #, etc. <i>Unit B</i>		<b>3. Mailing Office Address</b> 12600 Belcher Rd. S. <i>unit B</i> Suite, Apt. #, etc. <i>Unit B</i>	
City & State Largo, Florida		City & State Largo Florida	
Zip 33773	Country USA	Zip 33773	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> Apr 3 1996		<b>5. FEI Number</b> 59-3430384	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
<b>700018801147</b> 05/12/03--01009--008 **300.00			

FILED

03 MAY 12 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*2002 + 2003 WBR'S*

*KRB*

<b>7. Name and Address of Current Registered Agent</b>		
Name Perez, Fernando III E		
Street Address (P.O. Box Number is Not Acceptable) 1303 N Armenia Avenue		
Suite, Apt. #, Etc.		
City TAMPA	State FL	Zip Code 33602

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *MAY 1, 2003*

**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
<i>P</i>	Sharman Fullerton	<i>12600 BELCHER RD.</i>	<i>LARGO FL 33773</i>
<i>STD</i>	William Whyte	<i>12600 BELCHER RD</i>	<i>LARGO FL 33772</i>

**10.** 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:

*[Signature]*

William Whyte

April 30 2003 535 3359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

**PRESTIGE PLAN ADMIN. U.S.INC.**

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314  
att. Karen Gibson

May 2<sup>nd</sup> 2003

Dear Ms. Gibson,

Please find hereby "Corporation Reinstatement Form" for Prestige Plan Admin. U.S. INC.

We have realized that we did not receive the Annual Report for 2002 and therefore failed to file to the Division of Corporations.

As confirmed by your office the documents was mailed to us but returned "undelivered". We kindly ask you to reinstate to company and have enclosed Check of US\$ 300.00

Please do not hesitate to contact us for any further information or clarification you might require.

Best regards

On Behalf of Mr. W.R. Whyte

Jan F. Mikkelsen

**12600 BELCHER ROAD SOUTH UNIT B  
LARGO, FLORIDA 33773  
PHONE: 727 535 3359 FAX: 727 5309519**