

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:10

DOCUMENT # **P96000042599**

1. Corporation Name

Prism Auction Inc

2. Principal Office Address

17106 Downs Dr
Suite, Apt. #, etc.

3. Mailing Office Address

17106 Downs Dr
Suite, Apt. #, etc.

City & State

Odessa FL

Zip Country
33556 USA

City & State

Odessa FL

Zip Country
33556

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-96

5. FEI Number

59-3379900

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

Anthony GAETO

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

17106 Downs Dr

Suite, Apt. #, Etc.

City

Odessa

State
FL

Zip Code

33556

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 **3-28-00**

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
Pres Sec	Anthony GAETO	17106 Downs Dr	Odessa FL 33556
	PATRICE GAETO	17106 Downs Dr	Odessa FL 33556

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 813 969-2000

Date

Daytime Phone #

CR2E081 (9/99)