

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 16 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102724

1. Corporation Name

Prestige motors A/S, Inc.
Auto sales

700098007597
04/23/07--01022--030 **1950.00

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

609 W. 27th St.

Suite Apt # etc

City & State

Sanford, FL

Zip
32773

3. Mailing Office Address

609 W. 27th St.

Suite Apt # etc

City & State

Sanford FL

Zip
32773

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/97

59-3416426

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

Norman Nemeh
609 A W. 27th St.

Sanford

State
FL

Zip
32773

☐ 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

Norman Nemeh

REGISTERED AGENT MUST SIGN

Date 4/13/07

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.	Norman Nemeh	609 A W. 27 th St.	Sanford FL 32773
VP	Gina Nemeh	609 A W. 27 th St.	Sanford FL 32773

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 contained in Chapter 119, 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:

Norman Nemeh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07
Date

407-321-8021
Daytime Phone #

2 Mitchell

APR 16 2007