PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  APPLICATION FOR  SPECIAL OF STATE Scretary of State DIVISION OF CORPORATIONS PRICE ASSOCIATES, INC.  Procipal Place of Business 2155 perfect Making Address 2155 perfect Making Add	PLEASE READ A	ALL INSTRUCTIONS	S BEFORE C	OMPLETI	NG THIS FORM
PRL & ASSOCIATES, INC.  Melling Address	APPLICATION	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State		J <b>22</b>	· ·
Principal Prace of Business  Milling Address  2155 MFELUSIAN DRIVE APERTURA R. 23180  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If this principal Chine Address if Applicables  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If this principal Chine Address if Applicables  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If this principal Chine Address if Applicables  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter correction below.  If Anove addresses are incorrect in any way, line through incorrect information and enter the principle of the local and incorrect in any way, line through incorrect information and enter the anovers in a facility of the local and incorrect information and enter the anovers in a facility of the local and incorrect information and enter the anovers and enter the enter through the enter thr	DOCUMENT # P98000018407				
21155 ME*HELISMAN DRIVE AVENTURA FL 33180  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If the ore addresses are incorrect in any way, line through incorrect information and enter correction below.  2 New Principal Office Address. If Applicable 2 I/1/3	PRL & ASSOCIATES, INC.			,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
New Principal Office Address, if Applicable    New Principal Office Address, if Applicable   New Mailing Office Address, if Applicable Office Address of Each Officer and in Applicable Officer Address of Each Officer and in Applicable Officer Address of Each Officer and in Applicable Officer Address of New Registered Appent    New Applicable Officer Address of Country Officer Address of New Registered Appent	21155 JAP HELMSMAN DRIVE 21155 NE HELMSMAN DRIVE		n 3 (		
Zip Country Zip Country Certificate of Status Desired L Status Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officers and/or Directors Sureet Address of Each Officer and/or Directors 3 Sureet Address of Each Officer and/or Directors 4 City / State / Zip	2 New Principal Office Address, If Applicable 21175 HELHS HAN DA Suite, Apt. #, etc. H 14	3. New Malling Office Address, It A// 1/3' If ELMS MA Suite, Apt. #, etc.	f Applicable	5. FEI Number	02/25/1998    Applied For   Not Applicable
Tute(s) 2 Name and Cofficers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  PROGERS LIBERT, PATRICIA 21155 ME HELMSMAN DRIVE M 14 AVENTURA FL 33180  V LIGEAT, PAUL 1175 HELMSMAN DRIVE M 14 AVENTURA, FL 33180  V LIGEAT, PAUL 1175 HELMSMAN DRIVE M 14 AVENTURA, FL 33180  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10.722/93 -0.01106 -0.001 ####150.00 #####150.00 #####150.00 #####150.00 #####150.00 #####150.00 #####150.00 #####150.00 ######150.00 ##################################				CERTIFICATE	OF STATUS DESIRED for a Certificate of Status
V LIBERT, PAUL  ALINS' HELISHAN DR.  MIT  100003022861-2 -10/22/9301106001 *****158.00  ******158.00  *****158.00  ******158.00  ******158.00  ******158.00  ******158.00  ******158.00  ******158.00  ******158.00  ******158.00  *******158.00  *******158.00  **********************************	Name of Officers Title(s) and/or Directors		Street Address of Each		City / State / Zip
BESKIR, JAY R  2801 BISCAYNE BLVD  #505  AVENTURA FL 33180  10 10 30 22 86 1 - 2 -10/22/9301106001  *****150.00  *******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  ******150.00  *******150.00  *******150.00  *********************************	P ROGERS-LIBERT, PATRICIA	21155 NE HELI	21155 NE HELMSMAN DRIVE		AVENTURA FL 33180
BESKIN, JAY R  20801 BISCAYNE BLVD  \$505  AVENTURA FL 33180  To lite above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  The cartify 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 I me an officer or director 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 I 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 19.07(3)(i), F.S. The Information indicater	V LIBERT, PAUL			·' 1	AVENTURA, FL 33180 DODDBD228612 -10/22/9901106001 ****150.00 ****150.00
BESKIR, JAY R  20801 BISCAYNE BLVD  #505  AVENTURA FL 33180  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  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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 indicator in 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 indicator in the 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 indicator in the 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 indicator is the 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 indicator is the 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 indicator is the 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 indicator is the 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 indica	8. Name and Address of Current F	tegistered Agent	Name		<del></del>
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  Part Part Part Part Part Part Part Part	20801 BISCAYNE BLVD #505	Street Address (P	HELHS H	is Not Acceptable)	
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	^	ig .	with and accept the ob	oligations of Section	on 607.0505, F.S.
SIGNATURE: Paul Title 1 10/11/99 (30V) 933-9773	this reinstatement application, the reason for disso owed by the corporation have been paid and the r on this application is true and accurate, and my sig	lution has been eliminated, the corp names of individuals listed on this fo	porate name satisfies to orm do not qualify for a	the requirements an exemption und oath.	of section 607.0401 or 617.0401, F.S., that all fees ler section 119.07(3)(i), F.S. The Information Indicated

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## PRI& Associates, Inc.

October 12, 1999

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 32314-6327

> RE: Document # P9800018407 PRL & Associates, Inc.

Dear Str or Madam:

This is to request a one-time waiver of the reinstatement fee. We did not pay the Annual Report because we never received notification. The attorney who filed our original report left out the unit number of our address. Since we work out of our residence the postal service would not have known how to deliver the notice.

We understand that the Annual Report Fee is due each year by May 1 and assure you that this mistake will not occur again. Thank you for your consideration of this request.

Very truly yours,

Paul There
Poul Libert
Vice President