

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 NOV 15 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000070975

1. Corporation Name

PRIME RATE LENDING, CORP

2. Principal Office Address

8900 SW 117 AVE

Suite, Apt. #, etc.

108-B

City & State

MIAMI FL

Zip

33186

Country

DADE

3. Mailing Office Address

8900 SW 117 AVE

Suite, Apt. #, etc.

108-B

City & State

MIAMI FL

Zip

33186

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

8/98

5. FEI Number

65-0856671

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

HENRY FERNANDEZ

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

8900 SW 117 AVE

Suite, Apt. #, Etc.

108-B

City

MIAMI

State

FL

Zip Code

33186

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

*Henry Fernandez*

Date 11-14-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| PRES   | HENRY FERNANDEZ                      | 8900 SW 117 AVE                                   | 108-B<br>MIAMI, FL 33186 |
| V.P    | PUBLICO LAZCOS                       | 8900 SW 117 AVE                                   | 108-B<br>MIAMI, FL 33186 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

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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)(f), 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:

*Henry Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-02 305-260-9300

Date

Daytime Phone #

CR2E061 (9/01)

2002

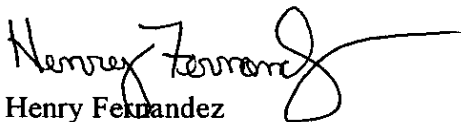
November 14, 2002

Dept. of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir/Madam,

The reason for us not filing in time was because we did not receive the appropriate form on time. We have recently moved to our new location at 8900 SW 117 AVE Suite 108 B Miami, Florida 33186. I believe that the form was sent to our previous address. Thank you for your assistance in this manner.

Respectfully,

A handwritten signature in black ink, appearing to read "Henry Fernandez", with a long horizontal flourish extending to the right.

Henry Fernandez  
President