

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700166065797
01/13/10--01034--005 **300.00

CR2E081 (11/09)

DOCUMENT # **P98000090895**

1. Corporation Name

**PRESTIGE BUILDING
MANAGEMENT CORP.**

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

8320 SW 35 terr.

Suite, Apt. #, etc.

3. Mailing Office Address

8320 SW 35 terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33155

Country

USA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

5. FEI Number

65-0872884

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

JUAN PORTUONDO

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

8320 SW 35 terr.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **01/11/10**

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
PSD	JUAN PORTUONDO	8320 SW 35 Terr.	MIAMI, FL. 33155
VP	ORIENTA PORTUONDO	↑ same as	↑ same as

REINSTATEMENT

REIN

10. E-mail Address: **Orietta007@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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] **LORIENTA M. PORTUONDO**

Date **01/11/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #