PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 16 PM 12: 05

DOCUMENT # P99000101524			
PRESTIGE OIL SE	RVICES INC		
Suite, Apt. #, etc. 1218 OVER LOOK ROAD City & State FUSFi-S-, FL Zip Country Zip Zip Zip Country Zip Zip Zip Zip 7. Name and Address of Current	USTI'S FL Country 726 LAKE	4. Date incorp To Do Busii 5. FEI Numbe 69 - 3 6. CERTIFICATE	
Street Address (P.O. Box Number is Not Acceptable) J		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.	
Signature of Registered Agent Date 1///2/2607			
9. Names and Street Addresses of Each Officer and/or Direct		···········	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip
P CARL Begley T/S Den MOD Begley	7219 ChesterH	L CIRCLE	MTDORA, FL 32757 MTDORA, FL 32757
V DAVID 5 WATTER	1218 OVERLOOP		EUSTIS, FL 32726
V AMANDA VATTER	1218 OVER LO	OK RO	EUSTI'S FZ 3>734
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 filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T VATTCR 11/12/2007 3525/69718

RECTOR Date Daytime Phone #