

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000108722**

1. Corporation Name

PRAIRIE INVESTMENTS, INC.

Principal Place of Business

**8836 STATE ROAD 84
DAVIE FL 33324**

Mailing Address

**8836 STATE ROAD 84
DAVIE FL 33324**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1999

5. FEI Number

65-0981439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|--------------------------------|
| D | GAFFNEY, NORMA | 8305 SOUTH PRAIRE | CHICAGO IL 60611 |
| P | PHILLIPS, ANTHONY | 1152 N UNIVERSITY DRIVE SUITE 20 | PEMBROKE PINES FL 33024 |
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******758.75 ****758.75**

10/11/99

8. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY ESQ
1152 N UNIVERSITY DRIVE SUITE 201
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name
ANTHONY PHILLIPS
Street Address (P.O. Box Number is Not Acceptable)
2400 SW 102ND AV.
Suite, Apt. #, Etc.
City
MIRAMAR State
FL Zip Code
33025

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

Anthony Phillips

REGISTERED AGENT MUST SIGN

Date **10-16-01**

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. 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:

Anthony Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:49



REINSTATEMENT 01

CR2040 (8/01)