

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 11 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S71476

1. Corporation Name

PRESTIGE SALES, INC.

2. Principal Office Address

5204 St. Paul Street

3. Mailing Office Address

P.A.
c/o Edward M. Livingston,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1599

City & State

Tampa, FL

City & State

Winter Park, FL

Zip

33619

Country

US

Zip

32790

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08-07-1991

5. FEI Number

59-3095825

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

Edward M. Livingston, Esq.

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

628 Ellen Dr.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

Edward M. Livingston

REGISTERED AGENT MUST SIGN

Date

8 JAN 2002

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 |
|--------|--------------------------------------|---|----------------------|
| P | Grant, Carl | 5100 Shady Cove | Birmingham, AL 35244 |
| S/D | Nation, Lisa C. | 995 Oak Hollow Place | Brandon, FL 33510 |
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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)(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:

Lisa C. Nation

Lisa C. Nation

07/Jan/2002

(813) 623-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY

CR2E091 (9/01)