

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 12 PM 3:32

DOCUMENT # 375311

1. Corporation Name

PREFERRED REALTY SERVICES, INC.

Principal Place of Business

14951 N.E. 6TH AVENUE  
MIAMI FL 33161  
US

Mailing Address

3969 NE 167 ST  
N MIAMI BEACH FL 33160  
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1971

5. FEI Number

59-1311502

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
PST	BUCCINO, ALAN	3969 NE 167 ST	N MIAMI BEACH FL
		8265 W. 18 Av.	HALEAH, FL. 3344-3266
			4000003220934-4
			-04/24/00--01119--029
			****900.00 ****900.00
			REINSTATEMENT 99-0018

8. Name and Address of Current Registered Agent

BUCCINO, ALAN  
3969 NE 167 ST  
N MIAMI BEACH  
N MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

19/5/99

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.

305-9454343

SIGNATURE:

SIGNATURE REQUIRED  
ALAN BUCCINO

Date

Daytime Phone #