

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



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

APPROVED
AND
FILED

DOCUMENT # 551110

1. Corporation Name

PREFERRED RENT-A-CAR, INC.

99 OCT 20 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19206 US HIGHWAY 19 N
CLEARWATER FL 34624-3180
US

Mailing Address

19206 US HWY 19 N
CLEARWATER FL 34624-3180
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1782046

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	KASTRENAKES, MARIA	19206 US HWY 19 NORTH	CLEARWATER FL 33764
P	KASTRENAKES, MICHAEL	19206 US HWY 19 NORTH	CLEARWATER FL 33764
			300003031083--0 -11/01/99--01113--005 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKKAAPULO, LOIS ATTORNEY
3000 GULF TO BAY BLVD.,
STE 404
CLEARWATER FL 34624

Name

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

REGISTERED AGENT MUST SIGN

Date

10-19-94

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-94

Daytime Phone #