

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 11:08

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **551110**

1. Corporation Name

Preferred Rent-A-Car, Inc.

2. Principal Office Address

1755 McCauley

Suite, Apt. #, etc.

City & State

Clearwater, FL 33765

Zip

Country

3. Mailing Office Address

1755 McCauley

Suite, Apt. #, etc.

City & State

Clearwater, FL 33765

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1977

5. FEI Number

5917820467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Louis Bakkalapulo, Esq.

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

111 N. Belcher Road, Suite 201

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33765

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

REGISTERED AGENT MUST SIGN

Date

3/3/03

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
PST	Michael Kastrenakes	1755 McCauley	Clearwater, FL 33765

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/03

Daytime Phone #

CR2E081 (10/02)