

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 21 PH 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **693240**

1. Corporation Name

Preferred Properties & Development, Inc.

2. Principal Office Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 325

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7-6-1981

5. FEI Number

59-2150339

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

Swann & Hadley, P.A.

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

1031 W. Morse Boulevard

Suite, Apt. #, Etc.

Suite 270

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

President

Date **3/20/2000**

REGISTERED AGENT MUST SIGN

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	Jay E. Folk	1031 W. Morse Blvd.	Winter Park, FL 32789
		Suite 325	
			LS

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

President

3-20-00

Date

407-645-4400

Daytime Phone #