

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB -5 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 02000004325

1. Corporation Name

PREFERRED MERCHANT SERVICES INC.

600087606906  
02/07/07--01053--010 \*\*450.00

2. Principal Office Address - No P.O. Box #

1225 TAMiami TRAIL

Suite, Apt. #, etc.

1225 A-8

City & State

PORT CHARLOTTE FL

Zip

33953

Country

Charlotte

3. Mailing Office Address

21 MANIZAKS AVE

Suite, Apt. #, etc.

—

City & State

PONTA GORDA FL

Zip

33983

Country

Charlotte

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug 26, 2002

5. FEI Number

34-1910309

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

DENNIS A. PETROVIC

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

21 MANIZAKS AVE

Suite, Apt. #, Etc.

1

City

PONTA GORDA

State

FL

Zip Code

33983

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dennis A. Petrovic

Date

1/29/07

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
PRES	DENNIS A. PETROVIC	21 MANIZAKS AVE	PONTA GORDA, FL 33983

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 contained in Chapter 119, 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:

Dennis A. Petrovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/07 941-628-0249

Daytime Phone #

2 of 2

JAN. 29/2006

I AM APPLYING FOR A WAIVER OF FEES AND  
ENCLOSING A CHECK FOR \$450.00 FOR  
REINSTATEMENT FOR MY CORP #  
F02000004325 PREFERRED MERCHANT  
SERVICES.

REASON FOR REQUEST: IN 2005 HERRICANE  
CHARLEY WE TOOK A DIRECT HIT AND  
SINCE THE ADDRESS OF 25357 AYSEN DR.  
PUNTA GORDA FL. 33983 I DID NOT RECEIVE  
MY NOTICES AND HAD MOVED TWICE SINCE  
THEN AND AGAIN RECEIVED NO NOTICES.  
NOW I HAVE A PERMENANT ADDRESS OF :

21 MANIZAKS AVE

PUNTA GORDA, FL. 33983

SINCERELY

DENNIS PETROVIC

PRESIDENT

PREFERRED MERCHANT SERVICES

941-628-0249

