

F96000002844

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

RM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002844

1. Corporation Name

Preferred International Drive, Inc.

02

2. Principal Office Address

One North Clematis St.

Suite, Apt. #, etc.

Suite 305

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

One North Clematis St.

Suite, Apt. #, etc.

Suite 305

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-6-96

5. FEI Number

93-1209223

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

David J. Wiener

700026611827

01/09/04--01050--021 **900.00

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

One North Clematis St.

Suite, Apt. #, Etc.

Suite 305

City

West Palm Beach

State

FL

Zip Code

33401

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

REINSTATEMENT

2602-2603

Date

12/8/03

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./ Dir.	A. David Kosoy	One N. Clematis St. #305	W. Palm Bch. FL 33401
VP/ Dir.	John W.S. Preston	One N. Clematis St. #305	W. Palm Bch. FL 33401
VP/ Dir.	Brian D. Kosoy	One N. Clematis St. #305	W. Palm Bch. FL 33401
VP/ Dir.	Robert S. Green	One N. Clematis St. #305	W. Palm Bch. FL 33401
VP/Sec. Treas.	David J. Shreeve	One N. Clematis St. #305	W. Palm Bch. FL 33401

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

David J. Shreeve, Vice President

12-9-2003 561-835-1810

Date

Daytime Phone #

CR2E081 (10/02)