

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002846

1. Corporation Name

Preferred Hawaiian, Inc.

REINSTATEMENT 2002-2003

2. Principal Office Address

1 N. Clematis Street

Suite, Apt. #, etc.

Suite 305

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

1 N. Clematis Street

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

June 6, 1996

5. FEI Number

93-1209218

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, P.A.

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

One North Clematis Street

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

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
President	A. David Kosoy	1 N. Clematis St, #305	West Palm Beach, FL 33401
Director	John W.S. Preston	1 N. Clematis St, #305	West Palm Beach, FL 33401
VP. Director	Brian D. Kosoy	1 N. Clematis St, #305	West Palm Beach, FL 33401
VP. Director	Robert S. Green	1 N. Clematis St, #305	West Palm Beach, FL 33401
VP. Sec. / Treas.	David J. Shreeve	1 N. Clematis St, #305	West Palm Beach, 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:

David J. Shreeve

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Shreeve

Vice President

28 October 2003 (561) 835-1810

Date

Daytime Phone #

CR2E081 (10/02)