

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS

06 OCT 10 PM 4:18

DOCUMENT # P00000088569

1. Corporation Name

PREFERRED PROPERTIES OF SOUTH FLORIDA INC

2. Principal Office Address

3151 PEBBLE BEACH DRIVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2789 FOREST HILL BLVD.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

WEST PALM BEACH

Zip
33467

Country
USA

Zip
33406

Country
USA

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/2000

5. EFL Number

65-1044166

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

ALEXANDRA MCCABE

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

2789 FOREST HILL BLVD.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code
33406

100080697741
10/10/06--01072--014 **450.00

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

Alexandra McCabe

REGISTERED AGENT MUST SIGN

Date 9-14-2006

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	ALEXANDRA MCCABE	2789 FOREST HILL BLVD.	WEST PALM BEACH, FL 33406

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:

Alexandra McCabe

Alexandra McCabe

9-14-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)
642-6323

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Preferred Properties Of South Florida Inc.

2789 Forest Hill Blvd. West Palm Beach, Fl 33406
Telephone (561) 642-1880 / Facsimile (561) 721- 9803
Email: amccabe@bellsouth.net

September 14, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please reinstate my corporation. I have enclosed the corporation reinstatement form and a check in the amount of \$ 450.00. I ask that you please waive the reinstatement fee, due to the fact that I did not receive annual report notices. If you have any questions, please contact me at 561-371-4857.

Thank you,

A handwritten signature in black ink, appearing to read 'Alexandra McCabe', with a stylized, flowing script.

Alexandra McCabe