

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Preferred Alliances, Inc.

P000000103808

2. Principal Office Address

12966 North Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

Hillsborough

3. Mailing Office Address

12966 North Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

11-06-2000

5. FEI Number

59-3694350

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

Mario Polo, Jr.

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

12966 N. Dale Mabry Highway

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33618

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

*[Signature]*

Date

5-1-03

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
PVSTD	Mario Polo	12966 N. Dale Mabry Highway	Tampa, FL 33618

300018301883  
05/06/03--01085--021 \*\*300.00

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-03

Daytime Phone #

2082



12966 N Dale Mabry Hwy  
Tampa FL 33618  
Bus: 813-641-1400  
Fax: 813-241-1400

April 30, 2003

Department of State  
Division of Corporation  
P O Box 6327  
Tallahassee FL 32314

Re: Preferred Alliances, Inc.\  
FEIN #59-3694350

Dear Sir:

Enclosed is a copy of the Corporation Reinstatement Form for Preferred Alliances, Inc. and a check payable to Department of State for \$300 (\$150 for 2002 and \$150 for 2003). My CPA assists me with the filing of all of my seven companies' Uniform Business Reports. As she was confirming that all seven companies had been paid and filed, it was noticed that there was an admin dissolution filed 10/04/02 relating to Preferred Alliances, Inc. I had never received 2002 or 2003 forms for this entity and she noticed and called to my attention that the address listed on the internet web site is not my address, but my attorney's and the Forms were not forwarded to me. All of my other six companies are current and filed. I rely upon professionals to assist me annually with the filing requirements.

Thank you for your assistance in reinstating this corporation.

Sincerely,

A handwritten signature in black ink that reads "Mario Polo".

Mario Polo Jr.

Enclosures

cc Deborah Rodriguez, CPA