

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 28 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000080179

1. Corporation Name

PRE-FORECLOSURES USA INC

REINSTATEMENT 02-03

600021862156
07/28/03--01068--009 **150.00

2. Principal Office Address

824-98 AVE - NO.

Suite, Apt. #, etc.

MAIN HOUSE

City & State

NAPLES / FL

Zip

34108

Country

USA

3. Mailing Office Address

824-98 AVE - NO

Suite, Apt. #, etc.

City & State

NAPLES / FL

Zip

34108

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/2001

5. FEI Number

65-1130844

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

HUMBERTO L. JAEN

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

1262-11 STREET NO.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

40002080774
06/12/03--01075--010 **50.00

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

[Signature]

Date

10/1/03

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 |
|--------|--------------------------------------|---|---------------------|
| PRES. | HUMBERTO L. JAEN | 1262-11 ST. NO. | NAPLES / FL / 34102 |
| | | | |
| | | | |
| | | | |
| | | | |

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

6/1/03

Daytime Phone #

239
287-6730

CR2E081 (10/02)

7/7/25