

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 81175

1. Corporation Name

PREFERRED CUSTOMER SERVICE INC

2. Principal Office Address

4401 CENTRAL AVE

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

Zip

33713

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/2001

5. FEI Number

59- 3746278

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

KARIN ROHRET

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

5290 SEMINOLE BLVD # E/F

Suite, Apt. #, Etc.

City

ST PETERSBURG

State
FL

Zip Code

33708

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]
REGISTERED AGENT MUST SIGN

Date 11/27/02

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	JIM LEVERNE	4401 CENTRAL AVE	ST PETERSBURG, FL 33713

400009300124
12/02/02 01053 000 **150.00

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] PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/02
Date

(727)410-8241
Daytime Phone #

CR2E081 (9/01)

ROHRET & ASSOCIATES INC

5290 Seminole Blvd # E/F
St Petersburg, FL 33708
Ph. 727 393-0872
Fx. 727 393-5896

12651 Walsingham Rd. #B
Largo, FL 33774
Ph. 727 593-5953
Fx. 727 593-1904

November 27., 2002

Florida Dept of Corporations
Reinstatement Division

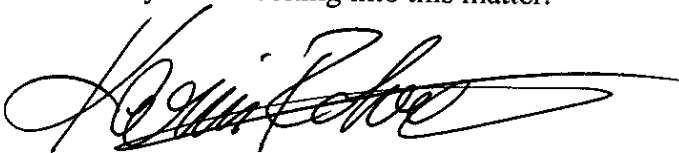
Attached find a check for \$150.00 and a copy of the annual report for
PREFERRED CUSTOMER SERVICE INC.
This is to cover the fee due for the annual report due on May 1st. 2002.

The address had changed. Our client did not receive a UBR form, neither did our office.
We generally do keep any and all correspondence and forms that are mailed to us.
There is no evidence that we have received the UBR for this company as we would have
called Jim Leverne to pick up the form.

Please expedite this request ASAP

Any questions, please call me at 727 593-5953.

Thank you for looking into this matter.



Karin Rohret