PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA REINSTATE	2 B 1 6 7 G 20	Secretar	TMENT OF STATE y of State corporations	93 OCT 31 PM 3: 32 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P02000073836 1. Corporation Name				- MECHIDA	
PREFER	ZED CONTRACTI	NG SERVICES	ITNC.		
				REINSTATEMENT 03	
2. Principal Office Add	dress	3. Mailing Office Address			
2511 RIVES	MEM DE.	8516 RIVERVIEW PR.		300024341473 10/31/0301088032 **158.75	
8516 RIVERVIEW DR. Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/02 01000 0005 004190•13	
odite, Apr. #, etc.	•	Suite, Apr. #, etc.		4Date incorporated or Qualified	
				To Do Business in Florida 02 JUC 05	
City & State		City & State			
RIVERUIEN	FL	RIVERVIEW	FL	20 31511110	
Zip	Country	Zip	Country		
33569	USA	33569	USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
-					
7. Name and Address of Current Registered Agent					
Name ,	Name ROBERT CHRISTOPHER HAYNES				
			(INVIG)		
J. J	Street Address (P.O. Box Number is Not Acceptable) 851				
Suite. At	Suite, Apt. #, Etc.				
]	, -			J	
City	City RIVERVIEW			State Zip Code FL 33569	
8. I, being appointed the significant 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 LATCHAMAS REGISTERED AGENT MUST SIGN Date 10-28-03					
9. Names and Street	Addresses of Each Officer and	/or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		
P Robe	Robert CHAYNES		16 RIVERVIE	WPR RIVERVIEW FL 33569	
S Bil	Billy Creel		16 RIVERVIEL	N DR RIVERVIEW FL 33569	
	•)	
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			<u> </u>		
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 filling 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: LA HAMPES 10 - 28 - 03 (8/3)781-1078 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

J1 1/4

PREFERRED CONTRACTING SERVICES, INC. 8516 RIVERVIEW DRIVE RIVERVIEW, FLORIDA 33569 (813) 781-1078

October 29, 2003

Florida Department of State Division of Corporations Attn: Reinstatements 409 E. Gaines Street Tallahassee, Florida 32399

RE:

PREFERRED CONTRACTING SERVICES, INC.

P.O. 2000073838

To Whom It May Concern;

Enclosed please find the Corporation Reinstatement for Preferred Contracting Services, Inc. The corporations' physical address was changed in January 2003, however, notification to the Division of Corporations was not given until February. Due to this oversight, the Annual Report/Uniform Business Report was not forwarded to the appropriate address and therefore not filed.

Please accept this letter of explanation, along with Corporate Reinstatement and payment in the amount of \$158.75 (One Hundred Fifty Eight Dollars and Seventy Five Cents).

Once filed, the Certificate of Status may be returned to the above address. Thank you for your attention to this matter. If you should have any questions, please feel free to contact me at the above mentioned telephone number.

Sincerely,

Robert C. Haynes

Enclosure (2)