


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 002000078578			
1. Corporation Name Preferred Home Brokers Services, Inc.			
2. Principal Office Address 1231 M.37 S.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Traverse City, Mi		City & State	
Zip 49684	Country Grand Traverse	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7-19-02		5. FEI Number 04-3656167	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Patricia Farrell			
Street Address (P.O. Box Number is Not Acceptable) 553 Sir Walter Way			
Suite, Apt. #, Etc.			
City Ni Fort Myers		State FL	Zip Code 33917
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 Patricia Farrell		Date 8-26-04	
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. & Sec. & Treasurer	Douglas Baumgardner	4617 Vance	Traverse City, Mi 49684
			800040780578
			09/02/04--01041--009 **\$08.75
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: Douglas Baumgardner		Date 8-26-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary-Treasurer		Daytime Phone # 231 9430340	

CR2E081 (01/04)