PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 MAY 10 AM 8: 27
DOCUMENT# 1 comporation Name Preferred Real Estate Network, Inc P04000100439		OSTINGUE SALTS OSTING
2 Principal Office Address - No P O Box # 9042 Via Bella Notte Surte Apt # etc City & State	3 Mading Office Address 3344 ARBOR TER Suite Apt # etc	900173151509 03/25/1001037018 **150.00 CR2E081 (11/09) 4 Date Incorporated or Qualified To Do Business in Florida 7/6/2004
orlando FL Zip 32836 Country U.S.A	City & State CHARLOTTES U, LLE Zup 22911 Country U, SA	5 FEI Number 20-132397D Applied For Not Applicable 6 CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Conditional Conditional Fee required to a Conditional Fee required
7. Name and Address of Current Registered Agent Name ABDUL ARTOUN! Street Address (PO Bex Number is Not Acceptable). 9042 Via Bella NoHL Suite Apt # Etc City ORLANDO State Zip Code FL 3283 b		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8 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 Date 3/22/20/0		
9. Names and Street Addresses of Each Officer and/or Director (Ftorida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P Jessica R. Ar	20401 charlottsville, UA	
VP Abolul H. Ava	charlottesville, X	A22911 Charlottesuille, NA22911
REINSTATEMENT RIE		
10 E-mail Address: arzounil@gmail . Com		
11 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. I further certify 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: ABDUL ARZOWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEIGEN OR DIRECTOR Date Daytime Phone #		