

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149233

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: PREFERRED INSURANCE OF FLORIDA, INC.

## Current Principal Place of Business:

P.O. BOX 835312  
HOLLYWOOD, FL 33083

## New Principal Place of Business:

6151 MIRAMAR PARKWAY  
SUITE. #224  
MIRAMAR, FL 33023

## Current Mailing Address:

P.O. BOX 835312  
HOLLYWOOD, FL 33083

## New Mailing Address:

6151 MIRAMAR PARKWAY  
SUITE #224  
MIRAMAR, FL 33023

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THELON, SHELNA J  
20018 NE 6 CT CIR  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHELNA THELON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THELON, SHELNA J  
Address: 20018 NE 6 CT CIR  
City-St-Zip: MIAMI, FL 33179 US  
  
Title: VP ( ) Delete  
Name: PIERRE LOUIS, WILCHARD  
Address: 20018 NE 6 CT CIR  
City-St-Zip: MIAMI, FL 33179 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELNA THELON

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date