

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017905**

1. Corporation Name

**PREFERRED SHIPPING, INC.**

Principal Place of Business

2302-1 VINSON LANE  
JACKSONVILLE FL 32207  
US

Mailing Address

2301-1 VINSON LANE  
JACKSONVILLE FL 32207  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1993

5. FEI Number

59-3140819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 99@

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	LUKENBACH, STEVEN	2302-1 VINSON LANE	JACKSONVILLE FL
V	FLOWERS, CHRISTIAN	2302-1 VINSON LANE	JACKSONVILLE FL
P	FLOWERS, GEORGE	2822 EDGEWOOD	SUGARLAND TX

800003024568--4  
10/25/99-01139-016  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

VLCEK, ALAN B  
501 W. BAY ST.  
SUITE 250  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name **Christian Flowers**  
Street Address (P.O. Box Number is Not Acceptable)  
**168 Governors Rd**  
Suite, Apt. #, Etc.

City **Ponte Vedra Beach, FL** State **FL** Zip Code **32082**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Christ Flowers*

REGISTERED AGENT MUST SIGN

Date **10/15/99**

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 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:

*Christ Flowers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/15/99**

Date

**(904)858-1200**

Daytime Phone #

**KE**

CR2610 (8/99)