

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JAN 17 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017905

1. Corporation Name

Preferred Shipping, Inc

2. Principal Office Address

3. Mailing Office Address

4344 Phillips Hwy

4344 Phillips Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

US

Zip

32207

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/93

5. FEI Number

59-3140819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Christian Flowers

Street Address (P.O. Box Number is Not Acceptable)

168 Governors Rd

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

Chris Han

Date

12/17/01

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
T	Lukembach, Steven	4344 Phillips Hwy	Jacksonville, FL 32207
V	Flowers, Christian	4344 Phillips Hwy	Jacksonville, FL 32207
P	Flowers, George	2822 Edgewood	Sugarland, TX

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:

Chris Han

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/01  
Date

904-346-0785  
Daytime Phone #

CR2E081 (9/00)

2012

Preferred Shipping Inc.  
4344 Phillips Hwy  
Jacksonville, FL 32207

December 20, 2001

Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

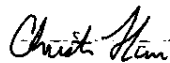
Ref: FEI Number 59-3140819  
Reinstatement Fees

Attached please see our corporation reinstatement application. We requested this application after realizing that we never received the original Uniform Business Report. We did move our business location from 2302-1 Vinson Lane to 4344 Phillips Hwy and that maybe why we never received the original application.

After talking to a representative at The Department of State, she informed us to send in a letter explaining our change in business location and that maybe the reinstatement fees could be waived. We would greatly appreciate it if these fees could be waived.

Attached is a check for \$158.75 to cover the annual fee and the Certificate of Status fee. Please contact us if any additional fees are required.

Thank You.



Christian Flowers