

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017905**

1. Corporation Name

PREFERRED SHIPPING, INC.

Principal Place of Business

4344 PHILLIPS HWY
JACKSONVILLE FL 32207
US

Mailing Address

4344 PHILLIPS HWY
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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	LUKENBACH, STEVEN	4344 PHILLIPS HWY	JACKSONVILLE FL 32207
V	FLOWERS, CHRISTIAN	4344 PHILLIPS HWY	JACKSONVILLE FL 32207
P	FLOWERS, GEORGE	2822 EDGEWOOD	SUGARLAND TX

8. Name and Address of Current Registered Agent

FLOWERS, CHRISTIAN
168 GOVERNORS RD.
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

964-346-0789

Daytime Phone #

CR2E040 (8/02)

20f2

Preferred Shipping Inc.
4344 Phillips Hwy
Jacksonville, FL 32207

10/21/02

Dear Department of State:

We actually called the department earlier in the year and were told they had received our report and everything was o.k. for 2002. Anyways, to my knowledge, I have not noticed any UPR notices. Please accept our application for reinstatement. Thank you.

Christi Hane

Vice-President