

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000055691**

1. Corporation Name

PREFERRED COURIER, INC.

Principal Place of Business

3696 1/2 NW 16TH STREET
BAY F
LAUDERHILL FL 33311

Mailing Address

3696 1/2 NW 16TH STREET
BAY F
LAUDERHILL FL 33311

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

REINSTATEMENT *C9*

4. Date Incorporated or Qualified To Do Business in Florida

08/09/1993

5. FEI Number

65-0450535

Applied *SP*

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---------------------------|
| PD | MCCLURE, DENNIS | 6111 NE 19th AVENUE | FORT LAUDERDALE, FL 33308 |
| VPD | MCCLURE, TODD | 9135 W. SUNRISE BLVD | PLANTATION FL 33322 |
| SD | BREAMER, WILLIAM | 777 BAYSHORE DRIVE, #805 | FT. LAUDERDALE FL 33304 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

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.

Signature of Registered Agent

HCRM Corp By: Dennis L. McClure VP
REGISTERED AGENT MUST SIGN

Date *10/21/99*

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:

Dennis L. McClure President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/99 954 587-4499
Daytime Phone #

CR2020-0 (8/99)