

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055691

1. Corporation Name

Preferred Carrier, Inc

2. Principal Office Address

3698 1/2 NW 16th St
Suite, Apt. #, etc.

Bay F

City & State

Lauderhill, FL

Zip

Country

33311

3. Mailing Office Address

3698 1/2 NW 16th St.
Suite, Apt. #, etc.

Bay F

City & State

Lauderhill, FL

Zip

Country

33311

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 1993

5. FEI Number

65-0450535

Applied For **SP**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

01/29/01 90030 029 4560

7. Name and Address of Current Registered Agent

Name

Dennis L. McClure

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

3698 1/2 NW 16th Street

Suite, Apt. #, Etc.

Bay F

City

Lauderhill, FL 33311

State
FL

Zip Code
33311

500003851645-1

03/13/01-01130-010

***358.75 ***358.75

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

Dennis L. McClure

Date 3-3-01

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
Pres.	Dennis McClure	3698 1/2 NW 16th Street	Lauderhill, FL 33311
V.P.	Todd McClure	9135 W. Sunrise, Blvd.	Plantation, FL 33322
Sec	William Breamer	777 Bayshore Dr. #605	Ft. Lauderdale, FL 33304

REINSTATEMENT 00-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis L. McClure President

3/3/01

Date

(954) 587-4999

Daytime Phone #

CR2E081 (9/00)