PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF COPPORATIONS

**DOCUMENT #** 

P94000004022

1. Corporation Name

PREFERRED CONSULTING CORP.

FILED

97 FEB -3 AH 9: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

407-488-3693

Principal Place of Business Mailing Address					1 (82)(83)	A 188 1801 BERGE ARKE ARKE BROKE BR	nin mailti änälli salliä iliste ilisi (68)	
9858 GLADES RD Unit 154 Boca raton FL 33434		UNIT 154	9858 GLADES RD Unit 154 Boca Raton FL 33434					
• .		ali ali i anno ali i anno anno a	(	ion balan	REINS	TATEMEN	IT U( )	
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Mai				iling Office Address, If Applicable		Date Incorporated or Qualified		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		01/07/1994			
City & State		City & Sta	City & State		5. FEI Number 65-0455999 Applied For Not Applicable 6. \$8.75 Additional Fee required			
Zip Country			Zip Country					
				COMPANY SPECIAL ASSESSMENT OF THE PARTY OF T		E OF STATUS DESIRED	for a Certificate of Status	
7. Names	and Street Addresses of Each Office Name of Office			Street Address of Eac	ch			
Title(s)			Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		or	City / State / Zip		
D	SCHELL, RICHARD		10688 AVENIDA SANTA ANA		BOCA RATON FL 33498			
				······				
					5	0000207	89751 -01072007	
J						####3(5 <sub>*</sub> L	0 ****375.00	
						1/20	)-4-97	
	B. Name and Address of Cu	rrent Registered A		9. Name and Address of New Registered Agent				
				Name				
SCHELL, RICHARD 9858 GLADES RD				Street Address (P.O. Box Number is Not Acceptable)				
UNIT		•	Suite, Apt. #, Etc.					
BOC	A RATON FL 33434		City State Zip Code			itate Zip Code		
10. I, bein	g appointed the registered agent of t	h above named co	rporation, am familia	r with and accept the	obligations of Sec			
Signature of Registered			ACENT MUST SIGN			Date		
			AGENT MUST SIGN					
11. Do	oes this corporation p ept. of Revenue unde	ay any intai r S. 199.03	ngible tax to 2, Florida Sta	the atutes. Yes	No 🗵	(See othe	r side for information intangible tax.)	
this rei	y that I am an officer or director or the nstatement application, the reason for by the corporation have been paid are application is true and accurate, and	or dissolution has be nd the names of ind	en eliminated, the co ividuals listed on this	propriate name satisfie form do not qualify fo	es the requirement or an exemption u	ts of section 607.0401 or 6	17.0401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR