PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 22 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018103

1. Corporation Name

Preferred Asset Management Services, Inc.

Principal Place of Business
C/O Lisa C. Martin
8712 Driftwood Drive
Tampa, FL 33615

Mailing Address
SAME

REINSTATEMENT

97-98 AD

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 02/24/94

5. FEI Number 59-3229117 | 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
ADD Pres	Lisa C. Martin	8712 Driftwood Drive	Tampa, FL 33615
DELETE Pres	Furman T. Martin III	8611 Driftwood Drive	Tampa, FL 33615

400002571144--7
-06/24/98--01064--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent
Rona R. Ehlers
6113 Galleon Way
Tampa, FL 33615

9. Name and Address of New Registered Agent
Name: Furman T. Martin III
Street Address (P.O. Box Number is Not Acceptable): 8611 Driftwood Drive
Suite, Apt. #, Etc.
City: Tampa | State: FL | Zip Code: 33615

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: Furman T. Martin III
REGISTERED AGENT MUST SIGN
Date 6/17/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. 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: Lisa C. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lisa C. Martin

6/17/98 Date

813 249-5683 Daytime Phone #

CR2E040 (12/96)