

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

96 DEC -9 AM 8:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000055297

1. Corporation Name

PREFERRED RESORT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1999 LINCOLN AVENUE
SUITE 202
SARASOTA FL 34236

1999 LINCOLN AVENUE
SUITE 202
SARASOTA FL 34236

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, if Applicable

345 OCEAN DR.

3. New Mailing Office Address, if Applicable

345 OCEAN DR.

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1995

Suite, Apt. #, etc.

1004

Suite, Apt. #, etc.

1004

5. FEI Number

65-0689118

City & State

MIAMI BEACH, FLA.

City & State

MIAMI BCH, FLA.

Zip

33139

Country

USA

Zip

33139

Country

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES V-P	PAUL SEGUIN	345 OCEAN #1004	Mia Beach, Fla 33139
TREAS	PAUL SEGUIN	345 OCEAN #1004	Mia Beach, Fla 33139
Sec.	Mardene Jenkins	7027 12th East	Sarasota, Fla 34243
			100002025421 --4 -12/11/96--01011--003 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR
1800 2ND ST., STE 755
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name
PAUL SEGUIN
Street Address (P.O. Box Number is Not Acceptable)
345 OCEAN DR
Suite, Apt. #, Etc.
#1004
City
Miami Beach
State
FL
Zip Code
33139

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

Paul Seguin PAUL SEGUIN
REGISTERED AGENT MUST SIGN

Date Dec 5/1996

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:

Paul Seguin PAUL SEGUIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 5/96 3055346188
Date Daytime Phone #