

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000082668

1. Corporation Name

PREFERRED MORTGAGE SOURCE, INC.

FILED

02 JAN 22, AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2224 SOUTH 14TH STREET
LEESBURG FL 34748

BOB 400597

LEESBURG FL 34748

3192 SHOAL LINE BLVD
HERNANDO Bch, FL 34607

3192 SHOAL LINE BLVD
HERNANDO Bch, FL 34607



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3339928

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PS	MCEACHERN, KAREN J	728 CARPENTER AVE 3409 GULF WINDS Circle	LEESBURG FL 34748 HERNANDO Bch, FL 34607
			400004883234--5 -02/06/02--01051--016 ****150.00 ****150.00
			400004883234--5 -02/06/02--01051--017 ****750.00 ****750.00
			STATEMENT 01-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCEACHERN, KAREN J
728 CARPENTER AVE
LEESBURG FL 34748

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/3/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/02

Daytime Phone #

CR2E040 (8/01)