

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 29 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # P95000082668

1. Corporation Name

PREFERRED MORTGAGE SOURCE, INC.

2. Principal Office Address

3192 Shoal Line Boulevard

Suite, Apt. #, etc.

City & State

Hernando Beach, FL

Zip

34607

Country

US

3. Mailing Office Address

3192 Shoal Line Boulevard

Suite, Apt. #, etc.

City & State

Hernando Beach, FL

Zip

34607

Country

US

**4. Date incorporated or Qualified
To Do Business in Florida**

10/26/1995

5. FEI Number

59-3339928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Karen J. McEachern

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

3409 Gulf Winds Circle

Suite, Apt. #, Etc.

City

Hernando Beach

State

FL

Zip Code

34607

700025813017

12/22/03 01057 034 **755 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/23/03

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
PS	McEachern, Karen J.	3409 Gulf Winds Circle	Hernando Beach, FL 34607

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] 12/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-592-1868

Daytime Phone #

CR2E081 (10/02)