

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

94303

DOCUMENT #

1. Corporation Name

Preferred Internet Technologies Corp.

FILED

03 FEB -4 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

44 Steinerway Blvd

Suite, Apt. #, etc.

Unit 6

City & State

Toronto, Ontario

Zip

M9W 6Y7 Canada

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Organized
To Do Business in Florida

12-18-1995

5. Fee Number

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

28.75 A Statute Fee for a Certificate of Status

7. Names and Street Address of Each Officer and/or Director (Florida non-profit corporations must list at least 2 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
1/D	Habib Mahjoub	44 Steinerway Blvd Unit 6	Toronto, Ontario M9W 6Y7 Canada
2	George Dekirmendjian	111 Regina Rd #21	Woodbridge Ont M4L 8N5 Canada

400012330024

02/12/03--01011--016 **300.00

8. Name and Address of Current Registered Agent

Eric P. Liffman
7695 SW 104th Street
Miami, FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

State

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

REGISTERED AGENT MUST SIGN

2/3/03

11. This corporation owes the current year

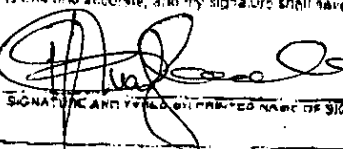
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax)

12. I certify that I am an officer or director of the incorporator 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or 617, F.S., I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of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)(b), 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:



Habib Mahjoub

Jan 31/03 11AM

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #