PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 99503

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

FILED
03 FEB -4 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000096012

1. Corporation Name
Preferred Internet Technologies Corp.

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 Steinway Blvd
Suite, Apt. #, etc.
Unit 6
City & State
Toronto, Ontario
Zip: M9W 6J7 Country: Canada

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
12-18-1995

5. FEI Number
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee

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
P/D	Habib Mahjoub	44 Steinway Blvd unit 6	Toronto, Ontario M9W 6J7 Canada
D	George Dekirmendjian	111 Regina Rd #21	Woodbridge Ont L4L 8N5 Canada

400012330024
02/12/03--01011--016 **300.00

8. Name and Address of Current Registered Agent
Eric P Littman
7695 SW 104 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 FL Zip Code

CR2E041 (12/99)

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]
REGISTERED AGENT MUST SIGN
Date 1/31/03

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 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] Habib Mahjoub Jan 31/03 11AM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #