

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 15 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA6000062013

1. Corporation Name

Preferred Mortgage Services Inc.

2. Principal Office Address

12074 Miramar Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

4839 SW 148 Ave

Suite, Apt. #, etc.

#502

City & State

Miramar FL

City & State

Davis FL

Zip

33025

Country

Broward

Zip

33330

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7/1996

5. FEI Number

65-0683418

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose I. Carrodegua

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

12074 Miramar Pkwy

Suite, Apt. #, Etc.

City

Miramar

200009023362
11/15/02--01061--002 **150 00

State

FL

Zip Code

33025

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 11/11/02

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
P	Jose I. Carrodegua (D)	12074 Miramar Pkwy Miramar, FL 33025	Miramar, FL 33025

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] Jose I. Carrodegua

11/11/02

Date

954.444.4003

Daytime Phone #

CR2E081 (9/01)

PREFERRED **m**ORTGAGE **S**ERVICES INC.

LICENSED MORTGAGE BROKER BUSINESS

11/11/02

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE THE ANNUAL REPORT FOR 2002 WE MOVED FROM

1000 N. HIATUS RD. #130 TO

OUR NEW OFFICES AT;

PRINCIPAL ADDRESS

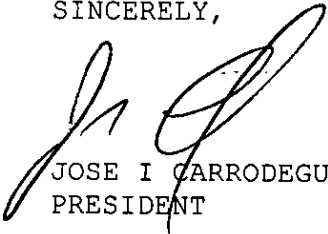
12074 MIRAMAR PKWY
MIRAMAR, FL 33025

MAILING ADDRESS:

4839 SW 148 AVE
502
DAVIE, FL 33330

WE ARE ENCLOSING THE REINSTATEMENT DOCUMENT AND THE \$150.00 FEE.

SINCERELY,



JOSE I CARRODEGUAS
PRESIDENT