

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060881

1. Corporation Name  
**PREFERRED PROPERTIES, INC.**

Principal Place of Business Mailing Address  
1700 S OCEAN BLVD # 18A POMPANO BEACH FL 33062  
1700 S OCEAN BLVD # 18A POMPANO BEACH FL 33062



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  
Preferred Properties Preferred Properties  
Suite, Apt. #, etc. 18A Suite, Apt. #, etc. 18A  
City & State LAUDERDALE BY SEA, Florida LAUDERDALE BY SEA, Florida  
Zip 33062 Country Broward Zip 33062 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida 07/14/1997  
5. FEI Number 65-0792382 Applied For Not Applicable  
6. 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	VASN ESS, CAROLINE	1700 S OCEAN BLVD # 18A	POMPANO BEACH FL 33062 Lauderdale By Sea, Fl. 33062

8. Name and Address of Current Registered Agent  
VAN ESS, CAROLINE  
1700 S OCEAN BLVD.  
# 18A  
POMPANO BEACH FL 33062  
Lauderdale By Sea, Fl. 33062

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  
FL

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. or 617.0505, F.S.  
Signature of Registered Agent *Caroline Vass* REGISTERED AGENT MUST SIGN Date 12/12/02

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)(f), 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 *Caroline Vass* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/12/02 Daytime Phone #

CR2E040 (8/02)

PREFERRED PROPERTIES INC.

12-12-02

Re: Preferred Properties, Inc

FEI 65-0792382

Reinstatement

Please find my application for  
reinstatement and a check payable  
to the Department of State in the  
amount of \$150<sup>00</sup>. I did not  
receive the uniform business report,

please make sure your records  
accurately reflect my address.

pd ch# 5016 \$150 12/12/02

Thank you,  
Carolyn Von E