

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

1700 S OCEAN BLVD
18A
POMPANO BEACH FL 33062

Mailing Address

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

Preferred Properties
Suite, Apt. #, etc.
18A

3. New Mailing Office Address, If Applicable

Preferred Properties
Suite, Apt. #, etc.
18A

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	VASN ESS, CAROLINE	1700 S OCEAN BLVD # 18A	POMPANO BEACH FL 33062 <i>Lauderdale By Sea, FL 33062</i>

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
FL

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. or 617.0505, F.S.

Signature of Registered Agent

Caroline Van Ess
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)(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 *Caroline Van Ess*
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 \$150⁰⁰. I did not
receive the Uniform business report,
please make sure your records
accurately reflect my address.

pd ch# 5016 \$150 12/2/02 Thank you,
Carolyn Von E