

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029622

1. Corporation Name

Preferred Auto, Inc.

2. Principal Office Address

280 Toney Penna Drive

Suite, Apt. #, etc.

3. Mailing Office Address

280 Toney Penna Drive

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33458

Country

City & State

Jupiter, Florida

Zip

33458

Country

300025696523

12/23/03--01004--030 \*\*758.75

**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1998

5. FEI Number

050822238

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

Fred Jacobs

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

280 Toney Penna Drive

Suite, Apt. #, Etc.

City

Jupiter

State  
FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date 12/14/03

**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	Fred Jacobs	280 Toney Penna Drive	Jupiter, FL 33458

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)