PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 11 AM 8:36

DOCUMENT # P98000046740

1. Corporation Name

Preferred Business Corp.

2. Principal Office Address	3. Mailing Office Address
29035 S.W. 152nd Ave.	23 Phoenetia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Apt 4
City & State	City & State
Leisure City, FL	Coral Gables, FL
Zip / Country	Zip / Country
33033 / Dade County	33134 / USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/98 SP

5. FEI Number: 65-0841107 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Morell, Omar M.

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-07/24/01--01097--020
****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 29035 S.W. 152nd Ave.

Suite, Apt. #, Etc.:

City: Leisure City | State: FL | Zip Code: 33033

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: Morell — Date: 7/3/01

REGISTERED AGENT MUST SIGN

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
PD	Morrell, Omar M.	29035 S.W. 152nd Ave.	Leisure City, FL 33033
SD	Aviles, Rafael F.	29035 S.W. 152nd Ave.	Leisure City, FL 33033
V	Bravo, Daniel	29035 S.W. 152nd Ave.	Leisure City, FL 33033

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: _____ Date: 7/3/01 Daytime Phone #: (305)6071816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR