APPLICATION FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 AM 10:45

DOCUMENT #P98000053993
Corporation Name

PREFERRED TITLE SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
8701 S.W. 142nd STREET.
MIAMI, FL-33176

Mailing Address
8701 S.W 142nd STREET.
MIAMI, FL -33176

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

New Principal Office Address, If Applicable
13315 S.W. 124 ST
Suite, Apt. #, etc.
City & State
MIAMI - FL
Zip 33186 Country MIAMI-DADE

3. New Mailing Office Address, If Applicable
13315 SW 124 ST
Suite, Apt. #, etc.
City & State
MIAMI-FL
Zip 33186 Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida 6/12/98

5. FEI Number 65-0844557 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S/T	GODING, KARIM H.	14355 S.W. 100 Lane	MIAMI/FL - 33186

000000301875D---□
-10/19/99---01081---004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GODING, KARIM H.
8701 S.W. 142nd STREET
MIAMI, FL - 33176

9. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 14355 SW 100 Ln.
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33186

I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] Date 10/11/99
REGISTERED AGENT MUST SIGN

This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I certify that I am an officer or director of 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] 10/11/99 (786)242-9170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01