## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		Se	cretary	MENT OF STATE of State ORPORATIONS		10 JAN 25 AM H: 09
DOCUMENT # P981000 OF 2/8  1. Corporation Name PREFERRED OPTION IENC  3400 SHORE VIEW WAY							
24	400 SA	HORE L	11EW L	UMY			
SUWANCE, GA, 30024					14	000	165322020 600,00 08/10 01026 010
2. Principal Office Address - No P.O Box #			Mailing Office Address			oll	08/10 010/6 01 V
Suite, Apt. #, etc.			Suite, Apt #, etc			A Date Incom	porated or Qualified
City & State			City & State			To Do Bus 5. FEI Numbe	iness in Florida Ae165,1998 er Applied For
Zıp	p Country		Zıp Co		Country	6.	2/1380/ Not Applicable  E OF STATUS DESIRED   \$8,76 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent							
Name  IHEIDI WEISHAUPT  Street Address (P.O. Box Number is Not Acceptable)  I 767 CAKEWOOD RANCH BLUD #377  Suite, Apt. #, Etc					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
City BRA	DENT	ON)		State Zip Code FL 342//		ree be	waived.
8. I, being ap Signature of Registered Ag	l	ee B	revalued occupation			bligations of secti	on 607 0505 or 617 0503, F.S.  Date
9. Names a	nd Street Addresses	of Each Officer and	Vor Director (Florida	a nonprofit	t corporations must list at lea	ast 3 directors)	
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip
PRES	3 THOMAS W. BATES & 400 SHOREVIEW WAY SUNDANCE, GA 3						SLAW ANCE, GA 3000 4
CFO	THOMAS W. BATES BYODSHORE VIEW WAY SUWANCE, GA 30004						
			R	EJ	NSTATE	MEN	T 67-10
						1 1	
B 1/26/70							
10. E-mail Address: 604PRO @ PSUSOUTH NET  (To be used for future annual report notification)							
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 filling 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. I further certify, 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: B.B.B.A.C.S   -   9-J0/0  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							