PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000075492

1. Corporation Name

PREFERRED AMERICAN REAL ESTATE FUND, INC

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
271 Madison Ave	
Suite, Apt. #, etc.: Suite 19	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10016 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/98

5. FEI Number: 52-2124826 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Heidi Brown

Street Address (P.O. Box Number is Not Acceptable): 830 NE 70th Street

Suite, Apt. #, Etc.:

City: Boca Raton State: FL Zip Code: 33487

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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: x [signature] Date: 7/2/2001

REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Anthony J. Rotonde	3602 south ocean Blvd	Highland Beach FL 33487

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] 7/2/2001.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #