

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR -2 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000604899

1. Corporation Name

Preferred Mortgage Lenders, Corp

2. Principal Office Address

10071 PINES BLVD

Suite, Apt. #, etc.

SUITE A

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/99

5. FEI Number

65-0887935

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

Theresa C. Cassamisse

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

10071 PINES BLVD SUITE A

Suite, Apt. #, Etc.

SUITE A

City

Pembroke Pines

State

FL

Zip Code

33024

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

3/28/01

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
Pres	Theresa C. CACCAMISE	1298 NE 104 ST	Miami Shores, FL 33138
V.P	John A. Younes	19420 NW 4th	Pembroke Pines, FL 33029

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:

JOHN A. YOUNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

(954) 450 0608

Daytime Phone #

CR2E081 (9/00)



Brett
Licensed Correspondent Lender

March 28, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Letter # 001A00017752

Dear Sirs:

In accordance with your instructions, I am submitting our Corporate Reinstatement. Preferred Mortgage Lenders, Corp. moved in July, 1999 and notified the Division of Corporations of our address change at that time. However, we received no 2000 Annual Report. We requested an Annual Report several times during the year, but received nothing until the most recent mailing.

Enclosed please find a check in the amount of \$300 representing 2000 and 2001 fees. We will appreciate any consideration to reinstating our corporation.

Thank you in advance for any courtesy extended.

A handwritten signature in black ink, appearing to read 'John A. Younes', is written over a horizontal line.

John A. Younes, Vice President



10071 Pines Blvd., Suite A Pembroke Pines, FL 33024
Ph: (954) 450-0608 (877)-PML-1003 FAX: (954) 442-5166

