

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 24 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

999000068006

1. Corporation Name

PREFERRED SERVICES NETWORK, INC.

REINSTATEMENT

03-04

2. Principal Office Address

12711 NW 15 ST

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33323

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/26/1999

5. FEL Number

05-0939317

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

MICHELLE M. CORCORAN, CPA

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

1570 MADRUGA AVE

Suite, Apt. #, Etc.

SUITE # 403

City

CORAL GABLES,

State

FL

Zip Code

33146

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

[Signature]

Date 6/17/04

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
P	ANA C. LASHER	12711 NW 15 ST	SUNRISE, FL 33323
V	WESLEY J. LASHER	12711 NW 15 ST	SUNRISE, FL 33323

200035764182
06/24/04--01011--003 **150.00

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] WESLEY LASHER

6/15/04

954-560-

2720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)