

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAR 12 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500093744685
03/19/07--01051--021 **450.00

DOCUMENT # P99000096869

1. Corporation Name
"Preferred Contractors of South
Florida, Inc."

2. Principal Office Address
1701 West 37th St

Suite, Apt. #, etc.
Unit #3

City & State
Miami, FL

Zip
33012

Country
U.S.

3. Mailing Office Address
951 Bella Vista Ave

Suite, Apt. #, etc.

City & State
Coral Gables FL

Zip
33156

Country
U.S.

REINSTATEMENT 0507

4. Date Incorporated or Qualified
To Do Business in Florida 11-01-99

5. FEI Number
650956893

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Icer Palacio-Druck

Street Address (P.O. Box Number is Not Acceptable)
951 Bella Vista Ave

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33156

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 Icer Palacio

Date 3/09/07

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 Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	OSCAR A. GARCIA	921 W. 46th Street	Coral Gables FL 33156
STD	Icer Palacio-Druck	921 W. 46th St	Coral Gables FL 33156

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)(b), 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:

X Icer Palacio

3/09/07

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

K. Eckel MAR 12 2007

2/2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ICER PALACIO-DRUCK
STD