

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000099622

1. Corporation Name

Preferred Reporting Services, Inc.

2. Principal Office Address

322 E. Central Blvd.

Suite, Apt. #, etc.

Suite 908

City & State

Orlando, FL

Zip

32801

3. Mailing Office Address

322 E. Central Blvd.

Suite, Apt. #, etc.

Suite 908

City & State

Orlando, FL

Zip

32801

Country

32801

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-10-99

5. FEI Number

59-3609862

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

Betsy J. Shatto (Sobrino)

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

322 E. Central Blvd.

Suite, Apt. #, Etc.

Suite 908

City

Orlando

State

FL

Zip Code

32801

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 Betsy J. Shatto*

Date *x 9-24-02*

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
PST	Betsy J. Shatto	322 E. Central Blvd. #908	Orlando, FL 32801

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: *x Betsy J. Shatto*

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 9-24-02 407-254-0033*

Date

Daytime Phone #

CR2E081 (9/01)

75 9/20/12

August 28, 2002

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

Re: Preferred Reporting Services, Inc. P99000099622  
FEIN 59-3609862

To Whom It May Concern:

I am writing in reference to the company indicated above. This company was incorporated on 11/10/99. The address on the articles of incorporation was shown as:

9321 Sonoma Drive  
Orlando, Florida 32825

We moved and did not receive forwarded mail at the **new address** which is:

**322 E. Central Blvd. Suite 908**  
**Orlando, Florida 32801**

Due to this, the annual corporate report, (Uniform Business Report), was not received by us. Due to the address change we did not get any of the notices that were sent out by the State of Florida. We have just become aware that our corporation has been "administratively dissolved" due to non-filing & payment of this report.

We are writing to respectfully request late filing/payment penalties be waived since there was no willful disregard of the law. Enclosed please find a check for \$150.00 along with the application for reinstatement.

Thank you for your consideration.

*Betsy Shatto*  
Betsy Shatto  
President  
Preferred Reporting Services, Inc.

Encl.