8 · , • _	PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.
APPLIC	ATION ATION	FLORIDA	OEFAN I MEN	II OF STATE		ATT TO OLD
FQ	FO2-98)	i	Sandra B. Mor Secretary of S			FILED
REINSTA	TEMENT		ISION OF CORPOR			98 FEB 10 PM 3: 45
DOCUMENT # $V/0633$						SECRETARY OF STATE
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA
Property Preservation, INC.						
Principal Place of Business Mailing Address						
2145 W. Davie Blvd. Suite 203						
Ft Landerdale, Fl. 33312						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						
2. New Principal Office Address, If Applicable 2145 ID. Davie Blvd. 2145 W. Davie Blvd.						porated or Qualified Iness in Florida 01/31/92
Suite Apt. #, etc. Suite 203 Suite 203 Suite 203					5. FEI Numbe	
City & State	derable. FL	City & State	uderda	e FL		0308015 Not Applicable
Zip	Country	Zip 333	Country	roward	6. CERTIFICAT	**E OF STATUS DESIRED X ** \$8.75 Additional Fee required for a Certificate of Status
33312 7. Names and Stre	et Addresses of Each Officer and/o				ist 3 directors)	
Title(s)	Name of Officers and/or Directors		Stre Off	et Address of Each cer and/or Director e Post Office Box N		City / State / Zip
P Gu	V F VADARC		2145 W.Da	vie Blod	#203	Ft. Lauderdele, Fl. 33312
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ı						1100
8.	Name and Address of Current F	Registered Ager	nt		9. Name and	Address of New Registered Agent
C / F 1/050.0 C						, ,,
Guy E. VArger RI45 W. Davic Blod. Suite #203 Suite Apt. #, E					P.O. Box Number	ris Not Acceptable)
Ft. Lauderdele, Fl 33312 City				City		State Zip Code
•	ed the registered agent of the above		ration, am familiar wil	h and accept the ob	oligations of Sect	FL
Signature of 11 August 22 12 19 98						
Registered Agent _		GISTARED AGE	NT MUST SIGN			Date
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)						
12. 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.						
	GHY E. VA	Rger				
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day E. VARGET Day Day Day Day Day Day Day Da						