


1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 NOV -2 10:47

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000135688**

1. Corporation Name  
**PRECISION TECHNOLOGY U.S.A. CO.**

2. Principal Office Address <b>1901 60th PLACE E</b>		3. Mailing Office Address <b>1901 60th PLACE E</b>	
Suite, Apt. #, etc. <b>#L2112</b>		Suite, Apt. #, etc. <b>#L2112</b>	
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>	
Zip <b>34203</b>	Country <b>USA</b>	Zip <b>34203</b>	Country <b>USA</b>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida  
**1/01/2003**

5. FEI Number **56-2574025**

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

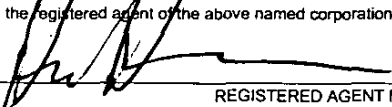
Name **HANI HASSAN**

Street Address (P.O. Box Number is Not Acceptable) **1901 60th PLACE E**

Suite, Apt. #, Etc. **#L2112**

City **BRADENTON** State **FL** Zip Code **34203**

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  Date **10/30/2006**

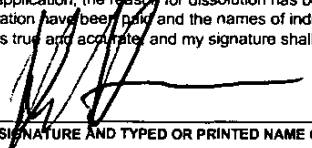
REGISTERED AGENT MUST SIGN

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
PRESIDENT	<b>HANI HASSAN</b>	<b>1901 60th PLACE E, #L2112</b>	<b>BRADENTON, FL, 34203</b>

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11/09/06--01027--012 \*\*458.75

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 contained in Chapter 119, 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:  **HANI HASSAN** Date **10/11/2006** Daytime Phone # **305-767-2667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20fz

PRECISION TECHNOLOGY U.S.A. CO.  
1901 60<sup>TH</sup> PLACE #L2112  
BRADENTON, FL 34203  
TEL.: 305-767-2667

Tuesday, October 31, 2006

FLORIDA DEPARTMENT OF STATES  
DIVISION OF CORPORTION  
SECRETARY OF STATE  
REF.: REINSTATEMENT OF CORPORATION

Dear Sir/Mrs.

I am kindly asking you to waive the \$600.00 reinstatement fees, because I have not receive the Annual Report Notices for the years 2004, 2005, 2006 and the 2007, and please find in attachment \$450.00 as I instructed from your personal in your department, and that including \$8.75 for certificate of status .

Sincerely,

Hani/Hassan,



President of Precision Technology U.S.A Co.