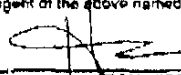
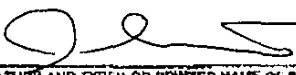


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		08 SEP 18 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F04000004196					
1. Corporation Name Precision Cycle Works, INC.					
2. Principal Office Address - No P.O. Box # 1342 Prospect Dr. Suite, Apt. #, etc.			3. Mailing Office Address 1342 Prospect Dr. Suite, Apt. #, etc.		
City & State Caro, MI			City & State Caro, MI		
Zip 48723	Country USA	Zip 48723	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 1999	
5. FEI Number 38-3033010				☐ 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 Harley Nosker Street Address (P.O. Box Number is Not Acceptable) 570 S. Dixie Hwy. Suite, Apt. #, Etc. City Lantana State FL Zip Code 33462					
☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S. Signature of Registered Agent  Date 9-16-08 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CP	John E. Stoick	1715 Garner Rd.		Reese, MI 48757	
REINSTATEMENT 07-08 KS 200136100332 09/18/08-01038-010 **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 807 or 817, 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 807.0401 or 817.0401, 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:  9-16-08 989-673-8555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John Stoick					