

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 19 PM 1:45

DOCUMENT # F04000006748

1. Corporation Name

Aerospace Precision Metals, Inc

2. Principal Office Address - No P.O. Box #

2730 NE 48 Ct

3. Mailing Office Address

P.O. Box 5239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

Zip

33074

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2004

5. FEI Number
41-2154663

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
Tina Muldoon

Street Address (P.O. Box Number is Not Acceptable)
2730 NE 48 Ct.

Suite, Apt. #, Etc.

City
Lighthouse Point

State
FL

Zip Code
33064

100184291661
08/12/10--01037--013 **1059.75

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

REGISTERED AGENT MUST SIGN

Date

08-03-10

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
DPST	Tina Muldoon	2730 NE 48 Ct.	Lighthouse Point, FL 33064

10. E-mail Address: tmuld12345@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Tina Muldoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-03-10

954-552-2271