

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F54634**

1. Corporation Name

**MIKE'S PRECISION, INC.**

Principal Place of Business

Mailing Address

% MIGUEL CARRODEGUAS  
1929 W 76TH ST  
HIALEAH FL 33014

% MIGUEL CARRODEGUAS  
1929 W 76TH ST  
HIALEAH FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1981

5. FEI Number

59-2162919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	CARRODEGUAS, MIGUEL	1929 W. 76TH ST.	HIALEAH FL
D	CARRODEGUAS, MIGUEL	1929 W. 76TH ST.	HIALEAH FL

100004668861--9  
-11/06/01--01046--011  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRODEGUAS, MIGUEL  
1929 W. 76TH STREET  
HIALEAH FL 33014

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/01 (305) 558-6421

CR2040 (8/01)

# MIKE'S PRECISION, INC.

TOOLS - MOLDS - DIES - JIGS - FIXTURES - MEDICAL EQUIPMENT - INJECTION MOLDING

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OCTOBER 10, 2001

DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED IS THE PAYMENT OF \$150.00 FOR THE  
REINSTATEMENT OF MIKE'S PRECISION INC., DOCUMENT  
#F54634. DUE TO FAILURE OF RECEIVING PREVIOUS NOTICE THE  
PAYMENT WAS DELAYED. I TRULY APOLOGIZE FOR ANY  
INCONVENIENCE THIS MAY HAVE CAUSED.

THANK YOU,  
MIGUEL CARRODEGUAS  
PRESIDENT