

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -7 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004527

1. Corporation Name

PRECIPITATOR SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

1625 BROAD STREET
ELIZABETHTON TN 37643
US

P.O. BOX 339
ELIZABETHTON TN 37644
US

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

10/06/1993

5. FEI Number

65-1276512

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED. ☐

\$38.75 Additional Fee required
for Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC	NIDIFFER, CARL R	140-C GRINDSTAFF RD	ELIZABETHTON TN 37643
ST	NIDIFFER, KIMBERLY J	140-C GRINDSTAFF RD	ELIZABETHTON TN 37643
VPD	NIDIFFER, DANIEL K	RT 10 BOX 258	ELIZABETHTON TN 37643

600005072186--3
-03/08/02--01011--010
*****300.00 *****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAYTIS, JOHN R
APT. 203
3877 HERON COVE COURT
PALM HARBOR FL 34684

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/15/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

423-587-7331

Daytime Phone #

CR2E040 (8/01)