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(Requestor's Name) (Address) (Address)	300042687333	
(City/State/Zip/Phone #)	11/17/0401007002 **35.00	
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	TRANSMITTAL LETTER
TO: Amendment Section	
Dívision of Corporation	
SUBJECT: PENTAX PRECISIO	INSTRUMENT CORPORATION
• •• • •• ••	(Name of corporation)
DOCUMENT NUMBER: F	400002307
The enclosed withdrawal appli	cation and fee are submitted for filing.
Please return all correspondence matter to the following:	concerning this
JOHN HERBST	
· · · · · · · · · · · · · · · · · · ·	(Name of Person)
PENTAX OF AMERICA,	INC.
	(Firm/Company)
102 CHESTNUT RIDGE	303D
TOT CRESINGT RIDGE	(Address)
MONTVALE,	
	(City/State and Zip code)
For further information concerni	g this matter, please call:
JOHN HERBST	at (201) 571-2304
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Incorporated Under Laws of)	ASSEE	FILE
(Document Number of Corporation (if known)	AUN 70	
94000002307 (Document Number of Corporation (if known)		· 71 ···•
(Name of Corporation)		

This corporation is no longer transacting business or conducting affairs within the State of Forda and hereby ∞ voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

c/o PENTAX OF AMERICA, INC., 102 CHESTNUT RIDGE ROAD (Mailing Address)

MONTVALE . NJ 07645

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other could appointed fiduciary, by that fiduciary) (Signature of a director,

Kenso buki Oryped or printed name of person signing)

KPASURTI (Title of person signing)

FILING FEE \$35