

FROM :

FAX NO. :

Nov. 24 2001 08:36AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

FOR
REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 27 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006512

1. Corporation Name

PYROTECHNICS BY PRESUTTI, INC.

Principal Place of Business

P.O. BOX 42
ST. CLAIRSVILLE OH 43950

Mailing Address

P.O. BOX 42
ST. CLAIRSVILLE OH 43950

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

12/13/1996

5. FEI Number

34-1836302

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
CP	PRESUTTI, DELPHINE	5370 ADAMS RD.	DELRAY BEACH FL 33484
S	LUCAS, BOBBI A	116 FRANKLIN ST.	ST. CLAIRSVILLE OH 43950

0000000243533
11/27/02--01083--011 **150.00

AB 12/4

8. Name and Address of Current Registered Agent

TYSON, MICHAEL
9180 NICKELS BLVD
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name

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

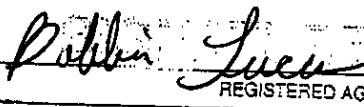
Suite, Apt. #, Etc.

City

State
FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date 11/10/02

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)(f), 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.

11/10/02



CHARLES F. ORUM

Certified Public Accountant

99 EAST COURT STREET
WOODSFIELD, OHIO 43793

(740) 472-0289 (740) 472-5633

October 31, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

We hereby request this corporation be reinstated without any additional fees. We have enclosed the \$150 due. We did not receive any form or application from Florida to pay any tax due.

Your attention and cooperation in this matter is deeply appreciated.

Sincerely,

Charles F. Orum
Certified Public Accountant

CFO/tc

Enclosures ()