PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 WSOC

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 27 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006512

1. Corporation Name

PYROTECHNICS BY PRESUTTI, INC.

Principal Place of Business	Mailing Address
P.O. BOX 42 ST. CLAIRSVILLE OH 43950	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

000002435[illegible]
11/27/02--01083--011 **150.00

12/1

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

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. or 617.0505, F.S.

Signature of Registered Agent: Robbin Tyson Sec/Treas
REGISTERED AGENT MUST SIGN

Date: 11/10/02

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.

11/10/02

CFO

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

Charles F. Orum
Certified Public Accountant

CFO/tc

Enclosures ( )