

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -2 AM 11:31

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10967

1. Corporation Name

Precision Enterprises of St. Lucie County, Inc.

2. Principal Office Address - No P.O. Box #
4690 Jorgensen Rd

3. Mailing Office Address
P.O. Box 3751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Pierce

City & State
Fort Pierce

Zip
34981

Country
St Lucie

Zip
34948

Country
St Lucie

REINSTATEMENT 95-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

July 5, 1984

5. FEI Number
592502780

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
James L. Middleton

Street Address (P.O. Box Number is Not Acceptable)
4690 Jorgensen Rd

Suite, Apt. #, Etc.

City
Fort Pierce

State
FL

Zip Code
34981

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 30, 2007

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P / T	James L. Middleton	4690 Jorgensen Rd	Fort Pierce, FL 34981
V / S	Walter L. Hastings	1439 Captain's Walk	Fort Pierce, FL 34950

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10. 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 contained in Chapter 119, 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

JAMES L. MIDDLETON

Date

Daytime Phone #

3/30/07 (772) 468-3101