

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J12822

1. Corporation Name

PRECISION MARCITE, INC.

Principal Place of Business

P. O. BOX 731
VALRICO FL 33594

Mailing Address

P. O. BOX 731
VALRICO FL 33594

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1986

5. FEI Number

59-2825077

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BROOKS, STANLEY F.	P O BOX 731 NA	VALRICO FL
S	BROOKS, TERRY A.	P O BOX 731 NA	VALRICO FL
VD	MCGOVERN, MICHAEL T.	15501 BRUCE B DOWNS BLV	TAMPA FL
V	BROOKS, GEORGE R.	8024 GIBSONTON DR. #19	GIBSONTIN FL
			600002052966--9 -01/09/97--01091-013 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

BUTLER, OLLIE BEN JR.
310 E. HARRISON STREET
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
STANLEY F. BROOKS
Street Address (P.O. Box Number is Not Acceptable)
3614 THOMAS COOPER LN.
Suite, Apt. #, Etc.
City
VALRICO
State
FL
Zip Code
33594

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]

REGISTERED AGENT MUST SIGN

Date 12/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY F. BROOKS / PRES / 813-685-1679

Date Daytime Phone #

FILED

97 JAN -6 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 96cw

CR20040 (7/96)