

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K72638

1. Corporation Name

PRECISION INTERIOR REFINISHING INCORPORATED

Principal Place of Business

EDWARD M. BANCROFT  
4605 BAY CREST DR  
TAMPA FL 33615

Mailing Address

EDWARD M. BANCROFT  
4605 BAY CREST DR  
TAMPA FL 33615

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2939115

Applied For

Not Applicable

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
DPT	BANCROFT, EDWARD M	4605 BAY CREST DR.	TAMPA FL
<del>VS</del>	<del>BARRY, CLINT</del>	<del>6919 GETON LANE</del>	<del>TAMPA FL</del>

100003084041-5  
-12/30/99--01020--016  
\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT

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8. Name and Address of Current Registered Agent

BANCROFT, EDWARD M.  
4605 BAY CREST DR  
TAMPA FL 33615

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.

Signature of  
Registered AgentEDWARD M. BANCROFT  
REGISTERED AGENT MUST SIGN

Date

12-15-99

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M. BANCROFT

Date

12-15-99

Daytime Phone #

813-263-6257