

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002-2003
APPLICATION
FOR
REINSTATEMENT
UC UBR

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

1. DOCUMENT # L01000001955

Name and Mailing Address

0011721 01 SP 0.370 **SGLP

0615 34945

PRECIOUS MINERALS TECHNOLOGY, LLC
635 NORTH F.A.A. ROAD
FORT PIERCE FL 34945

FILED
03 MAR 10 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 635-N-E.F.A. Rd. City, State, Zip Ft. Pierce FL 34945		4. State/Country of Formation FL	
Principal Place of Business 635 NORTH F.A.A. ROAD FORT PIERCE FL 34945		5. Date Organized or Qualified To Do Business in Florida 02/05/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent HARTMAN, ARTHUR W 635 NORTH F.A.A. ROAD FORT PIERCE FL 34945		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400008595264 10/25/02--01072--003 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Arthur W. Hartman</u> Date <u>Oct. 22. 02</u> REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Arthur W. Hartman	635-N-E.F.A. Rd. Ft. Pierce FL 34945	Ft. Pierce FL 34945
2002 There are NO other members or managers.			
2003 UBR BJK			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Arthur W. Hartman Date _____ Daytime Phone # 561-466-7240

Typed or printed name of signing Managing Member/Manager

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This is the only letter I have
gotton from the State. I never
gotton ~~anything~~ anything in
June from the Fl. Dep. of State
about P.M.T.

Mr. Art. Hartman