PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 13 PM 12:41

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21231

1. Corporation Name
Precision Mold Technologies, Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
4083 N.W. 79th Avenue	P.O. Box 66748
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/5/89

5. FEI Number: 65-0150781 ☐ 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: Bruce J. Goldman

700026892177
01/13/04--01093--016 **60.00

Street Address (P.O. Box Number is Not Acceptable): 2701 Le Jeune Road

Suite, Apt. #, Etc.: Suite 404

City: Coral Gables State: FL Zip Code: 33134

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: _____ Date: 1/8/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
V	Jovita Dobrilla	8920 S.W. 150th Ct. Cir. N.	Miami, FL 33196
P/S/T/D	Enrique Dobrilla	8920 S.W. 150th Ct. Cir. N.	Miami, FL 33196

10. I certify that I am an officer or director of 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: _____ (ENRIQUE DOBRILLA PRESIDENT) 1/9/04 305-594-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #