

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L85630

1. Corporation Name

J.M.C. PRECISION, INC.

Principal Place of Business

170 S.W. 5TH ST.  
POMPANO BEACH FL 33060

Mailing Address

170 S.W. 5TH ST.  
POMPANO BEACH FL 33060



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

07/02/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0202274

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTSD	OSORIO, JEANNETTE	821 SW 70TH WAY	N. LAUDERDALE FL 33068

000008574580

10/24/02--01089--015 \*\*150.00

8. Name and Address of Current Registered Agent

OSARIO, JEANNETTE  
821 SW 70TH WAY  
N. LAUDERDALE FL 33068

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02  
Date

954 786 0807  
Daytime Phone #

CR2040 (8/02)

# JMC PRECISION, INC.

170 S.W. 5th Street  
Pompano Beach, Florida 33060  
Phone (954) 786-0807  
Fax (954) 785-7411

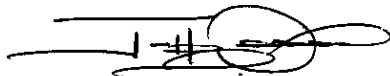
October 21, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Department of State Representative:

The purpose of this letter is to notify your office that we did not receive any UBR notices prior to receiving this application for reinstatement. I am enclosing my completed application and the appropriate filing fee of \$ 150.00.

Thank you in advance for your time and attention to this matter.



Jeannette Osorio,  
President