

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 # L99405 W97000010858

1. Corporation Name

Kor-Teck Precision Inc.

Principal Place of Business

Mailing Address

7651 NW 25th Avenue  
Miami, Florida 33147

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1-15-91

5. FEI Number

65-0220057

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
President	Clarence P. Barrett	2406 Sunrise Blvd.	Miramar, Fl 33023
Vice Pres.	Merlyn Barrett	2406 Sunrise Blvd.	Miramar, Fl 33023

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-08/08/97--01089--020  
\*\*\*\*165.00 \*\*\*\*165.00

8. Name and Address of Current Registered Agent

Jerold H. Reichler  
633 NE 167 Street #703  
North Miami, Florida 33162

9. Name and Address of New Registered Agent

Name Michael Feldenkrais, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
12000 Biscayne Blvd.

Suite, Apt. #, Etc.  
220

City North Miami

State  
FL

Zip Code  
33181

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

REGISTERED AGENT MUST SIGN

Date 7-7-97

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

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-08/08/97--01089--020  
\*\*\*\*165.00 \*\*\*\*165.00  
(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)(l), 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

7-7-97 305 691-8001  
Date Daytime Phone #

CR2E040 (12/96)