

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



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

FILED

02 NOV 12 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009089

1. Corporation Name

PRECISION LOGISTICS, INC.

Principal Place of Business

1643 BRIGHTON BLUFF CT.  
ORANGE PARK FL 32073

Mailing Address

1643 BRIGHTON BLUFF CT.  
ORANGE PARK FL 32073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32003 Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32003 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/2000

5. FEI Number

59-3631643

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	4 City / State / Zip
D	ALLEN, WILLIAM K	1643 BRIGHTON BLUFF COURT	<del>ORANGE PARK FL 32073</del> Orange Park FL 32003
			<del>300008940603</del> 11/12/02--01109--010 **150.00
			<del>300008940603</del> 11/12/02--01109--010 **236.25

8. Name and Address of Current Registered Agent

ALLEN, WILLIAM K  
1643 BRIGHTON BLUFF COURT  
ORANGE PARK FL 32073

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

32003

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

*William K Allen* REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

*William K Allen* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02 904-727-2124

Daytime Phone #

CR20040 (8/02)

Precision Logistics

1643 Brighton Bluff Ct., Orange Park, FL 32003 (904)264-0114

*PRM 2012*

November 6, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We recently received a notice of revocation of Precision Logistics, Inc. (FEI #59-3631643) and it's ability to transact business in the state of Florida due to failure to file a 2002 uniform business report as required by law.

This letter is to inform you that we have never received any prior notice that the report needed to be filed. We did note on the revocation we received in late October that the zip code is incorrect and should be 32003 (as corrected on the reinstatement form enclosed).

Therefore, we are requesting that the reinstatement fees be waived due to the corporation never receiving any prior notices earlier in the year and have enclosed the \$150 as instructed.

Please contact us with any questions at (904)264-0114.

Thank you

*William K. Allen*

William K. Allen  
Director, Precision Logistics, Inc.