

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -1 PM 12:04

DOCUMENT # P00000047266

1. Corporation Name

Precision Placement Services, inc.

2. Principal Office Address

2 Tidewater Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

3. Mailing Office Address

2 Tidewater Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

Volusia

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-11/29/01--01063--008

****150.00 ****150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 10, 2000

5. FEI Number

59-3648602

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

Linda Harris Kuhn

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

2 Tidewater Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State
FL

Zip Code
32174

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

Linda Kuhn

Linda Harris Kuhn

Date

10/26/01

REGISTERED AGENT MUST SIGN

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
P	Linda Kuhn	2 Tidewater Drive	Ormond Beach, FL 32174

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Kuhn

10/26/01 386 6778557

LINDA HARRIS KUHN, PRESIDENT
PRECISION PLACEMENT SERVICES, INC.
2 TIDEWATER DRIVE
ORMOND BEACH, FLORIDA 32174

OCTOBER 25, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLHASSEE, FLORIDA 32314

RE: REINSTATEMENT OF PRECISION PLACEMENT SERVICES INC.

MY CORPORATION WAS REGISTERED WITH THE STATE IN MAY, 2000. THE ADDRESS GIVEN WITH THE APPLICATION FOR INCORPORATION WAS 157 HERITAGE CIRCLE, ORMOND BEACH, FLORIDA 32174.

SINCE THEN I HAVE MOVED AND FILED A CHANGE OF ADDRESS WITH THE POST OFFICE.

MY NEW ADDRESS IS 2 TIDEWATER DRIVE, ORMOND BEACH, FLORIDA 32174.

I DID NOT KNOW A REPORT HAD TO BE FILED EACH YEAR, NOR DID I RECEIVE A FORM IN THE MAIL.

I AM REQUESTING THAT MY CORPORATION BE REINSTATED AND THAT THE PENALTY BE WAIVED.

I AM ENCLOSING A UNIFORM BUSINESS REPORT, CORPORATION REINSTATEMENT AND CHECK FOR \$150.00.

I AM SORRY FOR THE CONFUSION AND PLAN TO STAY ON TOP OF THE REPORTING REQUIREMENTS IN THE FUTURE.

PLEASE LET ME KNOW IF THIS IS ACCEPTABLE TO YOU.

SINCERELY,



LINDA HARRIS KUHN