

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 26 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081424**

1. Corporation Name

**METAL PRECISION INC**

**REINSTATEMENT 03-04**

2. Principal Office Address

**SO.  
11200 NW RIVERDA**

3. Mailing Office Address

Suite, Apt. #, etc.

**4**

Suite, Apt. #, etc.

City & State

**MEDLEY FL**

City & State

Zip

**33166**

Country

**MIAMI DADE**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-1043384**

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

**MANUEL CALDERON**

**600034074956**

**04/27/04--01041--009 \*\*450.00**

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

**14905 SW 80 ST #103**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33193**

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

REGISTERED AGENT MUST SIGN

Date

**4-2-04**

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	MANUEL CALDERON	14905 SW 80 ST #103 MIAMI FL 33193	MIAMI FL 33193
ST	CLARA I CARDONA	14905 SW 80 ST #103	MIAMI FL 33193

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

**4-2-04 305 894-5011**

Daytime Phone #

METAL PRECISION, INC.

11200 N.W. 50th River Dr. Bay 4  
Medley, FL. 33166

February 20, 2004

To whom it may concern

FLORIDA DEPARTMENT OF STATE

Division of Corporation  
Tallahassee, Florida

Re: Incorporation No. PO0000081424

Dear Sirs:

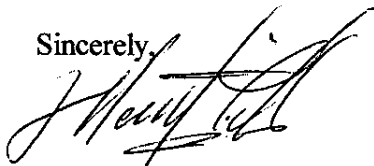
In regards to my Incorporation, I hereby ask for your cooperation to waive all penalties incurred due to the non renewal of the same when supposed to as well as for the reinstatement of the same.

The renewal forms for 2002-2003 were never received by us and because we change our address, and we did not realize this mistake until now.

We are conducting our business accordingly and have already paid our taxes for 2000-2002 and we will be filing 2003, furthermore it would be very difficult for start all over again. Another one of the reasons is the length in business which gives our clients a feel of security and stability in regards to their relationship with us. It would not benefit us if this company was recently opened.

Kindly, accept our apologies and help us with this matter.

Sincerely,



Manuel Hernandez Calderon  
President