

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 15 AM 7:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000034558**

1. Corporation Name
AMERICAN PRECISION PRODUCTS, INC

2. Principal Office Address - No P.O. Box # **3880 NW 125th street**
3. Mailing Office Address **3880 NW 125th street**

Suite, Apt. #, etc.
City & State
OPA-LOCKA FL
Zip Country
33054

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number **651091917**
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/08)

7. Name and Address of Current Registered Agent
Name
FRANKLIN O. ERAZO
Street Address (P.O. Box Number is Not Acceptable)
19265 NORTHWEST 52ND PLACE
Suite, Apt. #, Etc.
City State Zip Code
MIAMI FL 33055

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date **5/25/09**
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
PTD	FRANKLIN O. ERAZO	19265 NW 52nd place	MIAMI FL 33055
SVD	RAMONITA M. ERAZO	19265 NW 52nd place	MIAMI FL 33055

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 contained in Chapter 119, 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]* (305)
Date **5/25/09** Daytime Phone # **685-0177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR