

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000061801**

1. Corporation Name

PRECISION ELECTRICAL SERVICES, INC.

Principal Place of Business

8437 N. SEAHOLLY WAY
CITRUS SPRINGS FL 34434

Mailing Address

8437 N. SEAHOLLY WAY
CITRUS SPRINGS FL 34434

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

06/19/2001

5. FEI Number

59-3726723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**



200009110892

11/20/02--01057--029 **150.00

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
P/T	Anthony V. Paris	8437 N. Seaholly Way	Citrus Springs, FL 34434
V/S	Angie R. Paris	8437 N. Seaholly Way	Citrus Springs, FL 34434

8. Name and Address of Current Registered Agent

PARIS, ANTHONY V
8437 N. SEAHOLLY WAY
CITRUS SPRINGS FL 34434

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

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/6/02**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony V. Paris

11/6/02

Date

352-465-4569

Daytime Phone #

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Precision Electrical Services, Inc.

Phone (352)-465-4569
Fax (352)-465-4569

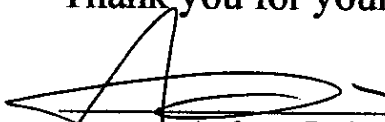
8437 N. Seaholly Way
Citrus Springs, FL. 34434

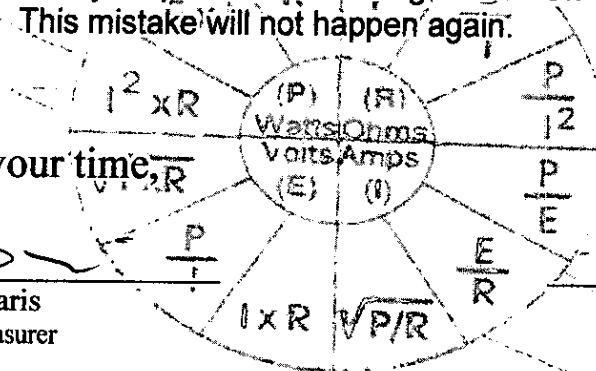
November 14, 2002

To whom it may concern,

My name is Anthony Paris. I am the President and Owner of Precision Electrical Services, Inc. We did not receive the two prior uniform business report (UBR) notices. We are submitting the completed form as required along with the reinstatement fee of \$150.00. We appreciate your patience in dealing with a new company trying to get its feet off the ground. This mistake will not happen again.

Thank you for your time.


Anthony Paris
President/Treasurer




Angie Paris
Vice-President/Secretary