

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



600024198976

10/28/03--01035--023 **150.00

DOCUMENT # **P01000062847**

1. Corporation Name

PRECISION DELIVERIES & TRANSFERS, INC.

Principal Place of Business

Mailing Address

19016 N.W. 53RD PLACE
OPA LOCKA FL 33055

19016 N.W. 53RD PLACE
OPA LOCKA FL 33055

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

06/22/2001

5. FEI Number

65-1120731

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLARKE, RANDOLPH	19016 N.W. 53RD PLACE	OPA LOCKA FL 33055

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARKE, RANDOLPH
19016 N.W. 53RD PLACE
OPA LOCKA FL 33055

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

R. Clarke **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/20/03

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:

R. Clarke **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/03
Date

305776-2393
Daytime Phone #

CP20040 (7/03)

From: Precision Deliveries and Transfers
19016 NW 53 Place
Miami, FL 33055

To: Florida Dept. of State
Division of Corporations

October 22, 2003

This notice is being submitted along with the application of reinstatement, because my corporation was dissolved without my desire. Precision Deliveries returned the original application in May 2003. However, it has been brought to my attention that your office did not receive my forms. Upon discovering this information I have been advised by your office to resubmit this application along with the original fees. I need my corporation to remain active. I have enclosed another check for \$ 150.00 for the annual fees. I hope this issue can be resolved. Please feel free to contact me with any questions Randolph Clarke at 305.776.2393. Your understanding and cooperation is greatly appreciated.

Thank you,

R. Clarke
Randolph Clarke
President