

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -8 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01006079752

1. Corporation Name

Precision AIR CORPORATION TAMPA BAY

2. Principal Office Address

3813 Hollow Wood Dr

Suite, Apt. #, etc.

City & State

VALRICO

Zip

33554

Country

HILLSBOROUGH

3. Mailing Office Address

3813 Hollow Wood Dr

Suite, Apt. #, etc.

City & State

FL

Zip

33554

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

10/01

5. FEI Number

59-3738195

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

KENNETH C. NELSON

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

3813 Hollow Wood Dr

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33554

900021385369

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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

Kenneth C. Nelson
REGISTERED AGENT MUST SIGN

Date 7/1/03

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
President	KENNETH C. NELSON	3813 Hollow Wood Dr	VALRICO, FL 33554

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:

Kenneth C. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/03
Date

813 655 7555
Daytime Phone #