

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 NOV 13 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000039591

1. Corporation Name

PRECISION CAST STONE, INC.

Principal Place of Business

18898 STILL LAKE DRIVE
JUPITER FL 33458

Mailing Address

18898 STILL LAKE DRIVE
JUPITER FL 33458



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

4910 Dyer Blvd

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4910 Dyer Blvd

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2002

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

5. FEI Number

02-0587825

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	GARY Engeman	18898 Still Lake Dr	Jupiter, FL 33458
Sec	Joseph M. Pugliese	2634 Yarmouth Dr	Wellington, FL 33414

100024204451
10/28/03--01040--004 **750.00

8. Name and Address of Current Registered Agent

ENGEMAN, GARY
18898 STILL LAKE DRIVE
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name Engeman, GARY
Street 18898 Still Lake Drive
Suite, Apt. #, Etc.
City Jupiter State FL Zip Code 33458

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

REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 (561) 842-7477
Date Daytime Phone #

CR2E040 (7/03)