

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000105203

1. Entity Name
EXTREME PRECISION INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 24 PM 12:51

Principal Place of Business

2314 W 80 STREET
7
HIALEAH, FL 33016

Mailing Address

2314 W 80 STREET
7
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #

1671 W. 38 PL.

3. Mailing Address

1220 NE. 215 St.

Suite, Apt. #, etc.

Suite # 1401

Suite, Apt. #, etc.

City & State

Hialeah FL.

City & State

Miami FL.

Zip

33012

Country

U.S.A.

Zip

33179

Country

U.S.A.

04112008

REIN-P

CR2E098 (1/07)

4. FEI Number

33-1024835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADOR, MILAGROS
2314 W 80 STREET
7
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ORTEGA, ELIPEHIT
1220 N.E. 215 STREET
MIAMI, FL 33179

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
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REINSTATEMENT 01-08

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elipehit Ortega 04-21-08