

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122632

1. Corporation Name

PRECISION ART PRESS, INC.
7870 NW 62 STREET.
MIAMI, FLA. 33166

2. Principal Office Address

7870 NW 62 STREET

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

7870 NW 62 STREET

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLA

City & State

MIAMI, FLA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

Handwritten initials

05/05/03 90362 039 \$150.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-2002

5. FEI Number

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

MADLINE DIRUBE

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

753 NW 9 AVE

Suite, Apt. #, Etc.

City

MIAMI, FLA.

State

FL

Zip Code

33136

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

Handwritten signature of Madeline Dirube

Date

REGISTERED AGENT MUST SIGN

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 |
|--------------|--------------------------------------|---|-------------------------|
| <u>PUPST</u> | <u>MADLINE DIRUBE</u> | <u>753 NW 9th AVE</u> | <u>MIAMI FLA. 33136</u> |
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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:

Handwritten signature of Madeline Dirube

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten date May 1, 2004

Date

May 1, 2004

Daytime Phone #

305 725 1120

CR2E081 (10/02)

202

5/3/04

Florida Dept. of State
Annual Report Dept.
Ref # P02000122632

per our conversation I'm sending you
\$150.00 to reinstate the corporation. Please
note that the 2003 annual report was
sent on time but we didn't put the
I.D. and was rejected and sent back to
us. We honestly didn't receive the letter
for the correction. We did move and I
called your office but it seems that
the address was never changed. Also note
that I didn't contact you before because
I'm very sick and with my health problems
I was not able to take care of this sooner.
I thank you for your understanding.

Madeline Dirube

Madeline Dirube