

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 18 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125060

1. Corporation Name

Precision Production Group, Inc

2. Principal Office Address

3200 N 37th St

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

US

3. Mailing Office Address

3200 N 37th St.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/25/62

5. FEI Number

620577229

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

Joseph ~~Liederman~~ Liederman

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

3200 N 37th St.

Suite, Apt. #, Etc.

City

Hollywood

State
FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

5-17-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Joseph Liederman	3200 N 37th St Hollywood, FL 33021	Hollywood, FL 33021
Vice President	Chris Juried	3200 N 37th St	Hollywood, FL 33021

400036565644
05/18/04 01064 004 **308.75

DB 5/18

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-14-04

Daytime Phone #

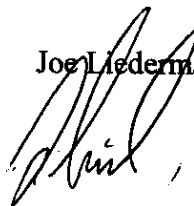
954-483
7877

P02-125060

To whom it may concern,

I never received my annual report form in the mail. Please waive the fees. Included is a check for the amount of \$308.75. This is for two years of my annual report fees, and \$8.75 for a certificate of status.

Joe Liederman, President

 , President