

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 FEB 20 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000118811

1. Corporation Name

PRECISION RENOVATIONS, INC.

REINSTATEMENT 2005-2007  
CR6240

100088745791  
02/21/07--01002--005 \*\*185.00

05-06

2. Principal Office Address

3903 CARDINAL BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip

32127

Country

VOLUSIA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2004

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

ROBERT L. COLLINS

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

3903 CARDINAL BLVD

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State

FL

Zip Code

32127

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

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
PSTD	ROBERT L. COLLINS	3903 CARDINAL BLVD	DAYTONA BEACH, FL 32127

400088745791  
12/18/06--01051--009 \*\*300.00

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 contained in Chapter 119, 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:

*Robert L. Collins*

ROBERT L. COLLINS

12/15/2006

(386) 795-2503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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PRECISION RENOVATIONS, INC.  
3903 CARDINAL BLVD  
DAYTONA BEACH, FL 32127

Robert L. Collins

(386) 795-2503

December 15, 2006

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Reinstatement - Precision Renovations, Inc.

Dear Sirs,

In an attempt to renew my Workers' Compensation Exemption, I discovered that my Florida Corporation had been dissolved.

I contacted my accountant as to how to rectify this matter. I was informed that I was to receive a post card each year with instructions as to renewing the corporation.

Personally, I do not recall receiving any documentation from the State of Florida in regards to this corporation. Due to the fact that I have been going through a nasty separation from my wife, it is conceivable that this information may have been withheld from me if it was received.

I am sending the reinstatement form as well as my check in the amount of \$ 300.00 for the fee for these two years (2005 & 2006) in question. I respectfully request an abatement of the penalties due to the fact that I have not received any information as to the renewal process.

Thank you in advance for your prompt consideration as I am out of business pending this reinstatement.

Sincerely,

PRECISION RENOVATIONS, INC.



Robert L. Collins

Encl: Corporate Reinstatement