

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083868

1. Entity Name
PRECIZION INSTALLATIONS, INC.



FILED

09 JAN -9 PM 3: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2725 ADAMO DRIVE
A
TAMPA, FL 33605 US

Mailing Address
2725 ADAMO DRIVE
A
TAMPA, FL 33605 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3285945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVASSEUR, MICHAEL
4202 E 11TH AVENUE T
TAMPA, FL 33605

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

Michael Levasseur

Michael Levasseur

1/5/09

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEVASSEUR, MICHAEL G ☐ Delete
STREET ADDRESS 2725 ADAMO DRIVE SUITE A
CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100140187401
CITY-ST-ZIP 01/09/09--01038--011 **300.00

TITLE V
NAME JONES, NEIL L ☐ Delete
STREET ADDRESS 2725 ADAMO DRIVE SUITE A
CITY-ST-ZIP TAMPA, FL 33605

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Michael Levasseur

01/05/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #