

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P05000098840

1. Entity Name
CNR PRECISION OF PINELLAS, INC.



FILED
08 APR -8 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**14405 60TH STREET N
CLEARWATER, FL 33760**

Mailing Address
**14405 60TH STREET N
CLEARWATER, FL 33760**

2. Principal Place of Business - No P.O. Box #
11181 43rd ST. N.

3. Mailing Address
11181 43rd ST. N.

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.
6

City & State
Clearwater FL

City & State
Clearwater, FL

Zip
33762

Country
USA

Zip
33762

Country
USA



REINSTATEMENT
03/02/08 REINSTATE 03/02/08 (1/07) 02-08

6. Name and Address of Current Registered Agent
**WILKINSON, G BARRY
696 1ST AVE N SUITE 201
ST PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
TONI Rich

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

City
BRANDON,

FL

Zip Code
33510

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]

(NOTE: Registered Agent signature required when reinstating)

DATE
3-18-08

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 NAME STREET ADDRESS CITY - ST - ZIP	D RICH, CHARLES 14405 60TH STREET N CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rich, Charles 11181 43rd ST. N. Clearwater, FL 33762 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900122582829 04/08/08--01030--005 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Signature] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
3-17-08

Daytime Phone #
727 571 2200

727 571 2200