PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM	
APPLICATION FLORIDA DEPARTM Sandra B. M Secretary o			NT OF STATE tham State	APPHOVED AND FILED 97 OCT 23 PM 3: 22		
DOCUMENT # P93000075971						
1. Corporation Name PRECISION ENGINE REBUILDING, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
					*	
Principal Place of Business  Mailing Address  116 W. COMPTON AVE.  ORLANDO, FL 32806  ORLANDO, FL 32806						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Address, If Applicable				DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.				To Do Business in Florida 11/03/93		
City & State City & State				5. FEI Number 59-3208		Applied For Not Applicable
Zip Country	Zip	Country	у	6.	S8.75	Additional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Flo			<del></del>		
Title(s) and/or Directors Of			eet Address of Each ficer and/or Director se Post Office Box N	City / State / Zip		
D/P STEVEN MONROE		116 W.	116 W. COMPTON AVE.		ORLANDO, FL	32806
•				3	00002331; -10/28/970; *****915,00	2231 1031-003 ****915.00
R				EINSTATEMENT 96-97-		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name						
Street Ad Suite, Ap				TEVEN MONROE  ss (P.O. Box Number is Not Acceptable)  16 W. COMPTON AVE.  Etc.    State   Zip Code		
ORLANDO   FL   32806						
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 10-6-9-7  REGISTERED AGENT MUST SIGN						
11. Does this corporation pay any intangible tax to the Dept of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or frustee 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., and that all fees owed by the corporation have been paid. 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: STEVEN MONROE 10-6-97 407-423-7441  BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR  Date Daytime Phone is						

and the second second