

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. McRtham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -7 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003883

1. Corporation Name

ABSOLUTE PRECISION FABRICATORS, INC.

Principal Place of Business

2321 NW 30TH PL
SUITE 121
POMPANO BEACH FL 33069
US

Mailing Address

2321 NW 30TH PL
SUITE 121
POMPANO BEACH FL 33069
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3000 NW 25th Ave #17
City & State
POMPANO BCH, FL 33069
Zip
33069 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3000 NW 25th Ave
City & State
Pompano Bch FL
Zip
33069 Country
USA



REINSTATEMENT **98**

4. Date Incorporated or Qualified To Do Business in Florida 01/06/1994	
5. FEI Number 65-0466302	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	RANDS, JEFFREY J	3335 PINEWALK DRIVE NORTH #110 365 NW 118 AVE	MARGATE FL CORAL SPRINGS, FL 33071
VP	RANDS, LARRY	901 TIBOL TERRACE #101	DEERFIELD BEACH FL
			000002709420--0
			-12/10/98--01091--024
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

RANDS, JEFF
3335 PINEWALK DRIVE NORTH #110
SUITE 121
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
365 NW 118 AVE
Suite, Apt. #, Etc.
JE
City
CORAL SPRINGS State
FL Zip Code
33071

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

SIGNATURE REQUIRED

Date **NOV. 18, 1998**

REGISTERED AGENT MUST SIGN

PRESIDENT

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

NOV. 18, 1998 (954) 973-7500

Date Daytime Phone #