

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 JUN 24 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043873

1. Corporation Name
PRECISION ORNAMENTAL IRON & GLASSWORKS

2. Principal Office Address
Joseph L Nukes

3. Mailing Office Address
5817 SW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Holly wood FL

City & State
Holly wood FL

Zip
33023

Country
Broward

Zip
33023

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida **6/15/90**

5. FEI Number
65-0506987

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

8. To Address If Corporation
Is a Corporation of Another State

7. Name and Address of Current Registered Agent

Name
Joseph Leonard Nukes

100006041801--8

Street Address (P.O. Box Number is Not Acceptable)
5817 SW 21 ST

**06/26/02--01047--019
***1358.75 ***1358.75**

Suite, Apt. #, Etc.

City
Holly wood FL

State
FL

Zip Code
33023

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
Joseph L Nukes

Date
3/27/02

REGISTERED AGENT MUST SIGN

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
P	Joseph L Nukes	5817 SW 21 ST	Holly wood FL 33023

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 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: **Joseph L Nukes** **Joseph L Nukes** **3/27/02** **954-983-0035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/25/02