


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 30 PM 2:41

DOCUMENT # P 94000043873

1. Corporation Name  
Precision Ornamental Iron & Glass Works, Inc.

**REINSTATEMENT** 03-05  
200056017272  
06/10/05--01014--001 \*\*1050.00

2. Principal Office Address  
Joseph L Dukes

3. Mailing Office Address  
5817 SW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Hollywood FL

City & State

Zip  
33023

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida  
6/8/94

5. FEI Number  
65-0506987

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a cert. of status

7. Name and Address of Current Registered Agent

Name  
JOSEPH L DUKES

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

Suite, Apt. #, Etc.

City  
Hollywood 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 Dukes Date 6/8/05

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
<u>Presid</u> <u>-off</u>	<u>Joseph L Dukes</u>	<u>5817 SW 21 ST</u>	<u>Hollywood FL 33023</u>

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 Dukes Joseph L Dukes 6/8/05 954-983-0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 2001 (01/03)