

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000001431**

1. Corporation Name

**PEAK PRECISION, INC.**

Principal Place of Business

100 TECH DR.  
SANFORD FL 32771  
US

Mailing Address

100 TECH DR.  
SANFORD FL 32771  
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/1995

5. FEI Number

59-3299040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	E JOHN CROUCH	<del>382 WINSFORD COURT</del> 174 Villa Di Este Terrace #204	HEATHROW FL 32746 Lake Mary, FL 32746
VP	David Crouch	174 Villa Di Este Terrace Apt. 212	Lake Mary FL 32746
S/T	Christine Crouch	174 Villa Di Este Terrace #204	Lake Mary, FL 32746
VP	Steven Crouch	2307 Howard Dr.	Orlando, FL 32803

8. Name and Address of Current Registered Agent

E JOHN CROUCH

~~382 WINSFORD COURT~~ 174 Villa Di Este Terrace #204  
~~HEATHROW FL 32746~~ Lake Mary, FL 32746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/16/00

11. 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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

407 329 3013  
Daytime Phone #



REINSTATEMENT *ad*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:35

CR2E040 (8/00)