

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|-----------------------------------|---|---|--|---|
| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 99 JUN -2 PM 2:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| DOCUMENT # P95000003322 | | | | | |
| 1. Corporation Name <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PRECISION TOWER SYSTEMS, INC 13069 SW 133 Ct. MIAMI, FL 33186 US </div> <div style="width: 50%; text-align: right;"> Principal Place of Business Mailing Address </div> </div> | | | | | |
| 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. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 4. Date Incorporated or Qualified To Do Business in Florida <div style="text-align: right;">1/12/95</div> | |
| | | | | 5. FEI Number 65-0547402 <div style="display: flex; justify-content: flex-end;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| | | | | 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 | 5 | 6 |
| 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 | | |
| PRES | BUNTON, MARK | 13069 SW 133 Ct. Miami, FL 33186 | | | |
| EX VP | BELK, DARRELL | 13069 SW 133 Ct., Miami, FL 33186 | | | |
| VP-O | MARTINSON, PAUL | 13069 SW 133 Ct., Miami, FL 33186 | | | |
| <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg); display: inline-block;"> REINSTATEMENT 97-99 B. </div> | | | | | |
| 8. Name and Address of Current Registered Agent MARK BUNTON, 13069 SW 133 Ct, Miami, FL 33186 | | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div> Signature of Registered Agent: <i>Mark Bunton</i> REGISTERED AGENT MUST SIGN </div> <div> Date: 5/24/99 </div> </div> | | | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 617.0101, 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: <i>Paul Martinson</i> 5-24-99 305-233-5566 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2087 (12/98)