

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
~~Sandra D. Morham~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030767

1. Corporation Name

PRECISION PROFILES, INC.

Principal Place of Business

8732 N.W. 119TH ST.
BAY #6
HIALEAH GARDENS FL 33016

Mailing Address

8732 N.W. 119TH ST.
BAY #6
HIALEAH GARDENS FL 33016



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1995

Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

5. FEI Number

05-058131

Applied For

Not Applicable

City & State

City & State

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| PTD | BARRETO, JACQUELINE | 920 N.W. 197TH TERRACE | PEMBROKE PINES FL 33029 |
| | | | 100002047901--9 -01/07/97--01061--010 ***375.00 ***375.00 |
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| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, ANGEL JR
1835 WEST FLAGLER ST.
SUITE 201
MIAMI FL

Name

JACQUELINE BARRETO

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

8732 NW 119 ST BAY 1

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33016

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

Jacqueline Barreto

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Jacqueline Barreto

11/25/96

3051941919

CR2ED40 (7/96)