

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 30 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 95000039717

1. Corporation Name

PRESTOVICH Mfg. Co
950000 39717

2. Principal Office Address

627 PINEWELLAS ST
Suite, Apt. #, etc.
D

3. Mailing Office Address

2702 JEFFREY DR
Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

PALM HARBOR FL

Zip

34685

Country

USA

Zip

34684

Country

USA

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/95

5. FEI Number

59344 0893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JEFFREY B. PRESTOVICH

700003203897-1

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

2702 JEFFREY DR, PALM HARBOR

04/11/00 01093-003
***900.00 ***900.00

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34684

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

Jeffrey B Prestovich
REGISTERED AGENT MUST SIGN

Date

3/24/00

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>P</u> <u>Pres</u>	<u>J. PRESTOVICH</u>	<u>2702 JEFFREY DR</u>	<u>PALM HBR FL 34684</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:

Jeffrey B Prestovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

727-447-6802
Daytime Phone #

CR2E081 (9/99)