

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAR 26 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000022283

1. Corporation Name

Precision Masonry Construction, Inc.

2. Principal Office Address

3600 B Weems Road

Suite, Apt. #, etc.

3. Mailing Office Address

3600 B Weems Road

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32311

Country

USA

City & State

Tallahassee, Florida

Zip

32311

Country

USA

REINSTATEMENT

2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/12/1996

5. FEI Number

59-3374438

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

Timothy D. Padgett, Esquire

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

Penson & Padgett, P.A.

Suite, Apt. #, Etc.

2810 Remington Green Circle

City

Tallahassee

State

FL

Zip Code

32308

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

REGISTERED AGENT MUST SIGN

Date

3.26.02

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
PST	James E. Magee	3600 B Weems Road	Tallahassee, FL 32311

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-02 6006

(850) 942

CR2E081 (9/01)