

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -1 PM 4: 37

DOCUMENT # P96000023746

1. Corporation Name

PRECISION EQUIPMENT COMPANY, INC.

Principal Place of Business

6566 WALLIS RD  
WEST PALM BEACH FL 33413  
US

Mailing Address

P.O BOX 210546  
ROYAL PALM BEACH FL 33421  
US



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0645800	
Country		Country		Applied For	
				Not Applicable	
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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	GOYETTE, HENRY J JR	13621 FOX TRAIL	LOXAHATCHEE FL
VP	GOYETTE, ANNETTE J	13621 FOX TRAIL	LOXAHATCHEE FL
T	LURTZ, GERTRUDE	314 S LAKESIDE DR	LAKE WORTH FL
S	LURTZ, PETER	314 S LAKESIDE DR	LAKE WORTH FL
			100003039521--3
			-11/09/99--01051--006
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL DAVID  
12798 FOREST HILL BLVD  
SUITE 201A  
WELLINGTON FL 33414

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
	FL

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

*and and*  
REGISTERED AGENT MUST SIGN

Date 10/25/99

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:

*AD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/26/99 Daytime Phone # 5616153700

CR20240 (8/99)