

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000062447		
1. Entity Name FLORIDA PRECISION LAND & BUILDING COMPANY		

Principal Place of Business 6332 PEMBROKE ROAD MIRAMAR, FL 33023	Mailing Address P.O. BOX 814207 HOLLYWOOD, FL 33081
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2. Principal Place of Business 6056 State Road 7		3. Mailing Address	
Suite, Apt. #, etc. #56		Suite, Apt. #, etc.	
City & State Miramar		City & State	
Zip 33023	Country USA	Zip	Country

FILED
06 JUL 28 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112006 REIN-P CR2E098 (11/05) **05-06**
4. FEI Number
65-0738104
Applied For
Not Applicable

6. Name and Address of Current Registered Agent REILLY, THOMAS 4201 MONROE ST HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *Thomas Reilly* **July 24, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS REILLY, THOMAS 4201 MONROE ST HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500078483565 08/08/06--01062--015 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Thomas Reilly* **President** **July 24, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #