## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVER

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SECRETARY OF STATE TALL AHASSIE, FLORIDA





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P96000070460

1. Corporation Name

## PRECISION PLUS SERVICES CORP.

Principal Place of Business

4691 N UNIVERSITY DR

**SUITE 213** CORAL SPRINGS FL 33067 Mailing Address

4691 N UNIVERSITY DR

**SUITE 213** 

CORAL SPRINGS FL 33067

			illing Office Address, If Applicable #, etc.		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number		08/22/1996
Suite, Apt. #, etc. Suite, Apt.  City & State City & State							Applied For
<b>Z</b> ip	Country	Zφ	Count	ry	6. CERTIFICATE	OF STATUS DESIRED 🔲	\$8.75 Additional Fee requirements for a Certificate of Status
7. Names a	and Street Addresses of Each Office	· · · · · · · · · · · · · · · · · · ·			•		Property of the second Conservation Continued
Title(s)			Street Address of Each Officer and/or Director 3 (De NOT Use Post Office Box I		h r Numbers) 4		/ State / Zip
DSTP	ARROYO, ANNETTE		4691 N UNIVER	SITY DR SUITE 2	13	CORAL SPRINGS FI	L 33067
					বা:	nnnn239 -01708796 ****165.	947241 01112006 00 ****165.00
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	<del>.</del>						
<del></del>	· -					10	1 -164
	8. Neme and Address of Cu	rrent Registered Age	nt	1	9. Name and A	Address of New Registe	red Agent
ARROYO, ANNETTE				Name			
4691 N UNIVERSITY DR				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 213				Suite, Apt. #, Etc.			
CORA	L SPRINGS FL 33067			City		S	State Zip Code
10. I, being Signature o Registered	appointed the registered agent of the Agent	te du	oration, am familiar w	I and accept the of	oligations of Section	on 607.0505, F.S.	198
	is corporation owes c angible Personal Pro			ar ///A Yes/	No 🗌		r side for information intangible tax.)

12. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Lifurther certify that when filling 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.

GAVELLE SULVO

## Precision Plus Services Corp. "First in Service"

January 5, 1998

Mr. Sean Toner
Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Thank you for taking the time to speak with me on January 2, 1998. As I mentioned to you I pay for a mail box in a packing store. To my surprise I have not been receiving all of my mail including the two prior notices regarding filing with the state annually. And, because this is my first time running a business I had no prior knowledge of this practice.

I want to thank you for your understanding, kind words and helpful advice in resolving this situation.

Once again thanks.

Happy New Year!

Sincerely,

Annette Arroyo

President