

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
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DOCUMENT # **P96000077406**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****908.75 *****908.75

Corporation Name
PRECISION CONSTRUCTION, INC.

Principal Place of Business 12380 S.W. 132 COURT SUITE 212 MIAMI FL 33186	Mailing Address 12380 S.W. 132 COURT SUITE 212 MIAMI FL 33186
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W99-24939



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 12350 SW 132 COURT Suite, Apt. #, etc. SUITE 215 City & State Zip Country		3. New Mailing Office Address, If Applicable 12350 SW 132 COURT Suite, Apt. #, etc. SUITE 215 City & State Zip Country	
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REINSTATEMENT

98990

4. Date Incorporated or Qualified To Do Business in Florida 09/16/1996	
5. FEI Number 65-0710237	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Michael EGBEBIKE	11950 SW 132 Avenue	Miami, Florida 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EGBEBIKE, MICHAEL
12380 S.W. 132 COURT
SUITE 212
MIAMI FL 33186

Name **MICHAEL EGBEBIKE**
Street Address (P.O. Box Number is Not Acceptable)
11950 SW 132 AVENUE
Suite, Apt. # Etc.
City **MIAMI** State **FL** Zip Code **33186**

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  REGISTERED AGENT MUST SIGN

Date **10/18/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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 taxes 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)(f), 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:  **MICHAEL EGBEBIKE** 10/18/99 (305)256 6065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2540 (8/97)