

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99AR
FLORIDA DEPARTMENT OF STATE
HONG KONG
SECRETARY OF STATE
VISIT OF CORPORATIONS

FILED

92 JUN 23 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032519

1. Corporation Name

VERTEX PRECISION, INC.

Principal Place of Business

Mailing Address

732 S.E. COAST ST.

LAKE WORTH, FL. 33460

P.O. BOX 1320

LAKE WORTH

FLORIDA 33460

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1997

5. FEI Number

65-0741975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	TETZLAFF, HEIDI	732 S.E. COAST ST	LAKE WORTH, FL. 33460

4010002914624--4
-06/24/99--01087--008
***908.75 ***908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEIDI TETZLAFF

732 S.E. COAST STREET

LAKE WORTH, FL. 33460

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Q R. [Signature]

REGISTERED AGENT MUST SIGN

Date

04-15-1999

11. This corporation owes 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 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:

Q R. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-99

Date

50-542-671

Daytime Phone #

CR2E01 (12/98)