

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042572

1. Corporation Name

PRECISION PIPEWORKS, INC.

Principal Place of Business

2107 NEW BERUN ROAD
JACKSONVILLE FL 32226

Mailing Address

P.O. BOX 2699519
JACKSONVILLE FL 32218



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

05/12/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3460087

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BILLINGS, BRADFORD	16052 PUSKITA TRAIL 5624 HECKSCHER DR	JACKSONVILLE FL 32218 32226
V	BILLINGS, SHIRLENE	16052 PUSKITA TRAIL 5624 HECKSCHER DR	JACKSONVILLE FL 32218 32226
			000008819870 11/27/02--01074--008 **150.00
			11/05/02--01037--001 **600.00
			000008819870 11/06/02--01037--001 **600.00

8. Name and Address of Current Registered Agent

BILLINGS, BRADFORD L
16052 PUSKITA TRAIL
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

BILLINGS, BRADFORD L

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

5624 HECKSCHER DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32226

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. or 617.0505, F.S.

Signature of
Registered Agent

Bradford L Billings
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/02

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:

Shirley Billings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

CR2E040 (8/02)