

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091501

1. Corporation Name

AERO PRECISION MACHINING, INC.

Principal Place of Business

Mailing Address

5833 N.W. 31ST AVENUE
FT. LAUDERDALE FL 33309

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FT. LAUDERDALE FL 33309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 AM 11:35



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

2. New Principal Office Address, If Applicable

757 SE 17th STREET

Suite, Apt. #, etc.

P.O. BOX 109

City & State

FORT LAUDERDALE - FL

Zip

33316

Country

U.S.A.

3. New Mailing Office Address, If Applicable

757 SE 17th STREET

Suite, Apt. #, etc.

P.O. BOX 109

City & State

FORT LAUDERDALE - FL

Zip

33316

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1998

5. FEI Number

65-0877796

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MANCHEC, JOHN	1316 CORDOVA ROAD 757 SE 17 th STREET - P.O. BOX 109	FT. LAUDERDALE FL 33316 FT. LAUDERDALE - FL 33316

200004739722--7
-12/26/01--01094--008

****750.00 ****750.00

PH 12/21

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANCHEC, JOHN
1306 CORDOVA RD.
FT. LAUDERDALE FL 33316

Name

MANCHEC, JOHN

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

757 SE 17th STREET

Suite, Apt. #, Etc.

P.O. BOX 109

City

FORT LAUDERDALE

State

FL

Zip Code

33316

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 10-24-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN MANCHEC

Date

10-24-01

Daytime Phone #

954
540-7930

CR2040 (8/01)