

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 12 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p99000014810**

1. Corporation Name

Precision Overhead Door, Inc.

2. Principal Office Address

114 Old Sunbeam Dr

Suite, Apt. #, etc.

3. Mailing Office Address

114 Old Sunbeam Dr

Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

South Daytona, FL

Zip

32119

Country

Zip

32119

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/1999

5. FEI Number

593562759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAYSON DAVIS

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

114 OLD SUNBEAM DR

Suite, Apt. #, Etc.

400005892064--2

-06/20/02--01085--009

******300.00 ****300.00**

City

SOUTH DAYTONA

State

FL

Zip Code

32119

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent



Date **6/7/02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
7/4/02	Jayson Davis	114 Old Sunbeam Dr	S Daytona, FL, 32119
			201.25-AR
			10.00-ARAR
			88.75-AR SUPP
		01-02482	

10. 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

6/7/02

Date

(386) 322-3344

Daytime Phone #

CR2ED01 (9/01)

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

To whom it may concern:

We are applying to reinstate our corporation and have been advised to send this cover letter asking that you waive any penalty fees due to previous notices not received at our address. I have corrected the address on the application and are sending a check in the amount of \$300.00 for regular fees. There are records on file for the notices being returned back to your offices by the post office.

Thank You,

A handwritten signature in black ink, appearing to be "JD" or "Jayson Davis", written in a cursive style.

Jayson Davis