

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

W08000005543

FILED

08 FEB 25 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033181

1. Corporation Name

UNITED PRECISION MACHINING, Inc.

000116580100
01/31/08--01035--013 **395.00

2. Principal Office Address - No P.O. Box #

14232 82nd ST NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

14232 82nd ST NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip

33470

Country

USA

City & State

LOXAHATCHEE FL

Zip

33470

Country

USA

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/1999

5. FEI Number

650908591

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

CAROLYN NGUYEN

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

14232 82nd ST NORTH

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Carolyn Nguyen

REGISTERED AGENT MUST SIGN

Date 29-JAN-08

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
P.	CAROLYN NGUYEN	14232 82 nd ST. NORTH	LOXAHATCHEE FL 33470
V.P.	TUAN DANG	↓	↓
S.	TOAN NGUYEN	↓	↓

000116580100
03/25/08--01028--001 **213.75

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 contained in Chapter 119, 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:

Carolyn Nguyen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29-JAN-08

Date

561-848-2411

Daytime Phone #