

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033340

1. Corporation Name

PRECISION INTERIOR WOODWORKING, INC.

Principal Place of Business

Mailing Address

6193 BRANCHWOOD DR
LAKE WORTH FL 33467
US

6193 BRANCHWOOD DR
LAKE WORTH FL 33467
US

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

04/08/1999

5. FEI Number

65-0912023

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	BOWEN, ROBERT	315 GASTON COURT	BOYNTON BEACH FL 33436
P	BOWEN, ROBERT	6193 BRANCHWOOD DR	LAKE WORTH FL 33467

900023916149

10/17/03--01092--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

~~MILLS, GARY M ESQ.~~

~~1701 W. HILLSBORO BLVD., STE. 103~~

~~DEERFIELD BEACH FL 33442~~

Robert Bowen

6193 Branchwood Drive

Lake Worth

FL

33467

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

Robert Bowen

REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

Robert Bowen Robert Bowen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

561-704-9118

CH2E040 (7/03)

To: Dept. of State
DIVISION of Corporations

Oct. 15, 2003

From: Robert Bowen

Precision Interior Woodworking, Inc.

6193 Branchwood Drive

Lake Worth, FL 33467

FEI: 65-0912023

In regard to the notice of dissolution of my corporation. Although I may have received my annual report form I do not recall having received it. I believed the lawyer I used to set up the corporation was taking care of the annual report. Apparently I was mistaken. At any rate I do not remember receiving the annual report form.

Thank you for your consideration in this matter.

Sincerely,
Robert Bowen