## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	ρι AUG −2 PH 1:20
DOCUMENT # P9900 1. Corporation Name BROWHED PRECISION	, ,	SECLETUR OF STATE  JALL AHAESTE FLORIDA
2. Principal Office Address 2484 SW 57 TERR	3. Mailing Office Address	PENSTALLIE 03-04
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida  5/12/66
Houywood, FL	-City & State	5. FEI Number   Applied For   Not Applicable
33023 Country	Zip Country	6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
Name BERNARDO PROTANO, ESQ, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 2500 HOLLYWOOD BIVE Suite, Apt. #, Etc.  # 4/1		
City Houywood, FL 33020 State FL Zip Code		
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 1/20/04  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 E Officer and/or Dire	
PRES. Timothy MURRAY 2484 SW 57 TERR. Horywood FL		
DIR ALLAN AB	£55 24845W57	TERR HOLLYWOOD, PL 33023
		200029491219
	ξ,	07/26/0401003003 **300.00
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 filling 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 rain 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 MANE OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		

## LAW OFFICE OF BEN PROTANO

2500 HOLLYWOOD BOULEVARD, SUITE 411 HOLLYWOOD, FL 33020 U.S.A. PHONE: (954) 927-6714 • FAX: (954) 927-6711

email: benprotanoesquire@hotmail.com

July 19, 2004

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Reinstatement of BROWARD PRECISION MANUFACTURING, INC.

To Whom It May Concern:

Enclosed is check no. 5704 in the amount of \$300.00 for reinstatement of the above referenced corporation. As mentioned in the letter of July 2, 2004 (copy attached), the Uniform Business Report was never initially received, therefore we requested the fees be lowered.

We also ask that you forward all future Uniform Business Reports for Broward Precision Manufacturing, Inc. to the attention of this firm.

Please contact this office with any questions or comments.

Sincerely,

BERNARDO PROTANO, ESQ.

BP/mb

Encl: as stated above

cc: Broward Precision Manufacturing, Inc.