

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 AUG 11 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048729

1. Corporation Name

PRECISION SHEETMETAL, INC.

600022661816
08/29/03--01026--008 **1050.00

2. Principal Office Address

6829 N MITCHELL CIRCLE

3. Mailing Office Address

6829 N MITCHELL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33634

Country

Zip

33634

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1999

5. FEI Number

59-3579116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

WHITTEMORE, CARRIGAN, CHAVARRIA LLP

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

11282 W HILLSBOROUGH AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code
33635

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

REGISTERED AGENT MUST SIGN

Date

8/3/03

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	TORRES, ANGEL	6829 N MITCHELL CIRCLE	TAMPA, FL 33634
VP	VINAS, VICTORIA	6829 N MITCHELL CIRCLE	TAMPA, FL 33634

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

Date

8/4/03

Daytime Phone #