

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 24 PM 4:30

DOCUMENT # **S50644**

1. Corporation Name

PRECISION GILDE AEROGROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2000 UBR

Principal Place of Business

Mailing Address

TAMiami AIRPORT
MIAMI FL 33186
US

401 OCEAN DR
617
MIAMI BCH FL 33139
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

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0262319

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
D	GILLILAND, BRENT R.	401 OCEAN DR 617	MIAMI BCH FL 33139
D	GILLILAND, CHRISTINA	401 OCEAN DR 617	MIAMI BCH FL 33139

200003459892--8
-11/09/00--01125--016
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILLILAND, CHRISTINA L
401 OCEAN DR 617
MIAMI BCH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-20-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00

Date

305-458-7737

Daytime Phone #

CR2E040 (8/00)

200
October 20, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Precision Gilde Aerogroup FEI #65-0262319
Per Document # S50644

Dear Sirs:

Please accept the enclosed reinstatement form and registration fee for \$150.00 plus \$8.75 for certificate.

Due to an error in mail delivery, we did not receive either our year 2000 renewal form or the cancellation notice mailed by June 9th. Following a conversation today with your representative, your files indicate these notices were all returned to your office. Your representative thus indicated we would not be responsible for a full reinstatement fee. We are grateful for this consideration.

Please note we have changed our mailing address on the enclosed form.

Thank you for your attention to this matter.

Sincerely,



Brent Gilliland
Precision Gilde Aerogroup, Inc.
Telephone: (305) 458-7737
E-Mail: Pilotplace@home.com