

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V22468		FILED 99 OCT 19 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name PRECISION ELECTRIC OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 3773 DOMESTIC AVE NAPLES FL 34104 US		Mailing Address 4270 ARNOLD AVE NAPLES FL 34104	
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 3773 DOMESTIC AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NAPLES, FL	
Zip	Country	Zip	Country 34104 COLLIER
4. Date Incorporated or Qualified To Do Business in Florida 03/16/1992		5. FEI Number 59-3112111	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VAN DUYN, WILLIAM	3773 DOMESTIC AVE	NAPLES FL 34104
VP	VAN DUYN, CHERYL	3773 DOMESTIC AVE	NAPLES FL 34104
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PITKIN, JERALD R ESQ. 4947 TAMiami TRAIL NORTH SUITE 202 NAPLES FL 34103		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	
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		Date 10-13-99	
REGISTERED AGENT MUST SIGN			
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: WILLIAM VAN DUYN 10-12-99 941-261-7772			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



of Southwest Florida, Inc.
3773 Domestic Avenue • Naples, Florida 34104
Phone (941) 261-7772 • Fax (941) 261-2161
State Certified #EC0001333

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October 13, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIR/MADAM:

ATTACHED IS MY APPLICATION FOR REINSTATEMENT OF MY CORPORATION. I NEVER RECEIVED THE ORIGINAL ANNUAL REPORT FOR THAT WAS SENT. IT WAS MAILED TO MY OLD ADDRESS WHICH HAS BEEN CHANGED SINCE JANUARY 1998. I HAVE TAKEN PRECAUTIONS TO PREVENT THIS FROM HAPPENING IN THE FUTURE BY ENTERING THE DUE DATE FOR NEXT YEARS PAYMENT IN MY COMPUTER.

I AM A VERY SMALL COMPANY AND TO PAY ANY MORE THAN THE ORIGINAL FEE WOULD BE A HARDSHIP. I WOULD APPRECIATE A WAIVER OF THE REINSTATEMENT FEES.

VERY TRULY YOURS

A handwritten signature in dark ink, appearing to read 'William Van Duyn', is written over the typed name.

WILLIAM VAN DUYN
PRESIDENT