

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 642552

1. Corporation Name

SPECIALTY MACHINING, INC.

Principal Place of Business

Mailing Address

3100 N W 2ND AVE
SUITE 203
BOCA RATON FL 33431

3100 N W 2ND AVE
SUITE 203
BOCA RATON FL 33431



200024054602
10/23/03--01075--024 **150.00

03

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

10/22/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1947961

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PV	BELLO, DAVID P	3100 NW 2ND AVE, SUITE 203	BOCA RATON FL 33431
TS	BELLO, SHELLY J	3100 NW 2ND AVE #203	BOCA RATON FL 33431

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent -

BELLO, DAVID P
3100 NW 2ND AVE
SUITE 203
BOCA RATON FL 33431

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. or 617.0505, F.S.

Signature of Registered Agent

David P. Bello

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)(l), 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:

David P. Bello David P. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/2003

Daytime Phone #

561-395-1930

CR2E040 (7/03)

2012

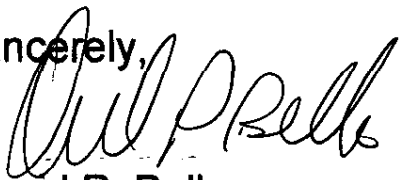
October 15, 2003

To: Division of Corporations
From: Specialty Machining, Inc.
Document#: 642552
Re: Corporate Reinstatement

To whom it may concern,

I am the President, Vice President, or Director of 6 Florida corporations. Some of these corporations have been in Florida for more than 20 years. This is the first time that we have NOT received UBR notices for all 6 corporations. I would like to have all of these corporations reinstated. I have included this letter and a check for \$150.00 to file the report without penalties. This letter has been sent with each Reinstatement Envelope.

All mailing addresses remain the same.

Sincerely,


David P. Bello
President