PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 5 14*0*1 97 DEC 11 AM IO: 59 1. Corporation Name TERRILL MOTOR MACHINE CO., INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 909 NW 5TH AVENUE FT. LAUDERDALE, FL. 33311-7220 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 12/31/62 Suite, Apt. #, etc. Suite, Apt. #, etc 5. FEI Number Applied For City & State City & State 59-1003940 Not Applicable \$8.75 Additional Fee required Zio Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofil corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zib Title(s) DENNIS TERRILL , PRESIDENT 6140 SW 9TH ST. PLANTATION, FL. 33317 500002373975---3 -12/16/97--01107--006 PAULETTE TERRILL SEC -TRES. ****165.00 ****165.00 6140 SW 9TH ST. PLANTATION, FL. 33317 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name DENNIS TERRILL Street Address (P.O. Box Number is Not Acceptable) 6140 SW 9TH ST. PLANTATION, FL. 33317 Suite, Apt. #, Ltc City 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 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No L Yes L 12.1 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 eath.