

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAK MACHINERY CORPORATION

1101 S.E. 9TH CT.
HIALEAH FL 33010



Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	MESA REINALDO GUILLERMO LUGO	721 SW 21ST ST. 670 PLOVER AVE	MIAMI FL MIAMI SPRINGS FL 33166
			800004768748--0 -01/11/02--01032--005 ****758.75 ****758.75

~~KROJZL, NORBERTO~~
~~7721 S.W. 21ST STREET~~
~~MIAMI FL 33155~~

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

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

670 PLOVER AVE

Suite, Apt. #, Etc.

City

MIAMI STRIKES

State

FL

Zip Code

33,60

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

12/20/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E040 (B/01)