

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **582375**

1. Corporation Name

FOOD MACHINERY EQUIPMENT CORPORATION

2. Principal Office Address

189 Bradley Place

Suite, Apt. #, etc.
SUITE #1

City & State
PALM BEACH, FL

Zip 33480

Country USA

3. Mailing Office Address

P.O. BOX 709

Suite, Apt. #, etc.

City & State
PALM BEACH, FL

Zip

33480-0709

Country

USA

REINSTATEMENT 81-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1933975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALLEN MASON

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

189 Bradley Place

Suite, Apt. #, Etc.

Suite 1

City

Palm Beach, FL 334

State
FL

Zip Code
33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Allen Mason
REGISTERED AGENT MUST SIGN

Date

11-9-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P.	ZELDA MASON	189 Bradley Place Suite 1	Palm Beach, FL 33480

10. 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:

Allen Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-2000

Daytime Phone #

561-655-6397

CR2E081 (9/99)