

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **F00000002137**

1. Corporation Name

RONCO MACHINE & RIGGING, INC.

Principal Place of Business

Mailing Address

**3400 AGRICULTURAL CENTER DRIVE
SAINT AUGUSTINE FL 32092**

**3400 AGRICULTURAL CENTER DRIVE
SAINT AUGUSTINE FL 32092**

REINSTATEMENT 03



800023793708
10/14/03--01060--012 **150.00

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

04/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2221496

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
P	AVERY, RONALD R	5054 MEDORAS AVENUE	ST. AUGUSTINE FL 32084
V	DEWITT, JAMES	P.O. BOX 14, WHITE'S FERRY ROAD	LAKE WINOLA PA 18625
ST	REESE, WALTER J	201 MILL RIDGE TRAIL	PONTE VEDRA BEACH FL 32082

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AVERY, RONALD
3400 AGRICULTURAL CENTER DRIVE
ST. AUGUSTINE FL 32092**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

Date

10.10.03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.10.03

CR2E040 (7/03)



Box 175 • Rt. 307 Lake Winola, PA-USA 18625-0175
Tel (570) 378-2090 • Fax (570) 378-3212

October 10, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Ronco Machine Rigging, Inc.
FEI: 23-2221496
2002 Uniform Business Report (UBR)

Dear Sir or Madam:

Enclosed please find our 2002 Application for Reinstatement. We apologize for not filing the Uniform Business Report (UBR). After researching this matter, we do not see where we received any prior UBR notices. Please note that this oversight was not intentional on our part.

Based on the above, we respectfully request an abatement of the late filing penalty/fee. Any consideration is greatly appreciated.

Sincerely,

Ronald R. Avery
President