

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 29 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F78800**

**1. Corporation Name**

STREET & STRIP MACHINE SHOP, INC.

**2. Principal Office Address**

9776 S.W. 168TH STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

9776 S.W. 168TH STREET

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33157

**Country**

USA

**City & State**

MIAMI, FL

**Zip**

33157

**Country**

USA

**5. FEI Number**

592187553

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 99-04  
To Do Business in Florida 5/3/1982

**7. Name and Address of Current Registered Agent**

**Name**

JEFFREY S. KRAMER

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

7700 S.W. 88TH STREET 000027890630  
01/29/04--01054--012 \*\*1501.00

**Suite, Apt. #, Etc.**

510

**City**

MIAMI

**State**

FL

**Zip Code**

33156

**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

*Jeffrey S. Kramer*

REGISTERED AGENT MUST SIGN

Date

1/21/04

**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
PTD	BRENNER, ALLEN	13530 S.W. 77TH AVENUE	MIAMI, FL 33156
VSD	BRENNER, LYNNE	13530 S.W. 77TH AVENUE	MIAMI, FL 33156

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/04

305-278-2262