

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 15 AM 11:25

DOCUMENT # F87950

1. Corporation Name

R.M. HEAVY EQUIPMENT INC.

Principal Place of Business

Mailing Address

4511 SW 100 AVENUE  
MIAMI FL 33165

4511 SW 100 AVENUE  
MIAMI FL 33165



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

RMHES11\* 331650385 1700 03 11/25/00  
NOTIFY SENDER OF NEW ADDRESS  
R.M. HEAVY EQUIPMENT INC  
3315 SW 65TH AVE  
MIAMI FL 33155-3969

REINSTATEMENT 00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1982

5. FEI Number

59-2168248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

List the names and addresses of each officer and/or director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VD	MACHADO, AIDA	7643 N.W. 2 TERR.	MIAMI FL
PD	MACHADO, RIGOBERTO	7643 N.W. 2 TERR.	MIAMI FL 200003515242--8 12/28/00--01016--023 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

MACHADO, RIGOBERTO  
4511 SW 100 AVENUE  
MIAMI FL 33126

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-2000

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rigoberto Machado 12/3/00 305-553-2468  
Date Daytime Phone #