

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 20 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H67771

1. Corporation Name

Van Sickle's Machine Shop, Inc.

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

5044 Edwards Street

Suite, Apt. #, etc.

3. Mailing Office Address

758 David Allen Drive

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32254

Country

USA

Zip

32220

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 7-22-1985

5. FEI Number

59-2559122

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

Phyllis L. Van Sickle

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

758 David Allen Drive

Suite, Apt. #, Etc.

City

Jacksonville, Florida

State

FL

Zip Code

32220

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Phyllis L. Van Sickle
REGISTERED AGENT MUST SIGN

Date 2/20/2008

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
P	Brian S. Van Sickle	758 David Allen Drive	Jacksonville, Florida 32220
V/P	John P. Gordon	111 E. 1st. Street #46	Jacksonville, Florida 32206
S/T	Phyllis L. Van Sickle	758 David Allen Drive	Jacksonville, Florida 32220

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03/25/08--01056--016 **900.00

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 contained in Chapter 119, 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:

Phyllis L. Van Sickle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis L. Van Sickle

2/20/2008

Date

(904) 786-0555

Daytime Phone #