

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J12450

1. Corporation Name

SOUTHERN MACHINE & FABRICATION, INC.

Principal Place of Business

Mailing Address

~~11000 BLASUIS RD.~~  
JACKSONVILLE FL 32222  
US

~~11000 BLASUIS RD.~~  
JACKSONVILLE FL 32226  
US

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

2. New Principal Office Address, If Applicable

6731 Stuart Ave

Suite, Apt. #, etc.

#3

City & State

Jax FL

Zip

32254

Country

U.S.

3. New Mailing Office Address, If Applicable

6731 Stuart Ave

Suite, Apt. #, etc.

#3

City & State

Jax FL

Zip

32254

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1986

5. FEI Number

59-2666681

Applied For

Not Applicable

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	VAN CLIEF, BRUCE W.	<del>11000 BLASUIS RD.</del> 6731 Stuart Ave #3	JACKSONVILLE FL
ST	VAN CLIEF, LINDA S.	<del>11000 BLASUIS RD.</del> 6731 Stuart Ave #3	JACKSONVILLE FL

200004669122-4  
-11/06/01--01060--008  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

VAN CLIEF, LINDA S.  
11000 BLASUIS RD  
JACKSONVILLE FL 32226

9. Name and Address of New Registered Agent

Name: Van Clief Linda  
Street Address (P.O. Box Number is not acceptable):  
6731 Stuart Ave #3  
Suite, Apt. #, Etc.:  
City: Jax State: FL Zip Code: 32254

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

Linda S. Van Clief  
REGISTERED AGENT MUST SIGN

Date

Oct 12, 01

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:

Linda S. Van Clief - Linda S. Van Clief  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01 904  
693-9010  
Daytime Phone #

CR2040 (801)