

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 253440

1. Corporation Name

ADVANCE MACHINE SERVICE, INC.

2. Principal Office Address

3700 SHORE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3700 SHORE BLVD

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

REINSTATEMENT

02/03

4. Date Incorporated or Qualified

To Do Business in Florida

02/26/1990

5. FEI Number

59-2992403

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

PAUL O. PIPPENGER

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

3700 SHORE BLVD

Suite, Apt. #, Etc.

000013700630

03/10/03 01002 004 *\$00.00

City

OLDSMAR

State

FL

Zip Code

34677

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

Paul O. Pippenger

REGISTERED AGENT MUST SIGN

Date 3/5/03

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
Pres	Paul O. Pippenger	3700 SHORE BLVD.	OLDSMAR, FL 34677

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.

Paul O. Pippenger

SIGNATURE:

Paul O. Pippenger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 727-698-6844

Date

Daytime Phone #