

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000394

1. Corporation Name

FLORIDA MACHINERY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

18800 SAKORA ROAD
HUDSON FL 34667

18800 SAKORA ROAD
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2000

Suite, Apt. #, etc.

18800 SAKERA ROAD

Suite, Apt. #, etc.

18800 SAKERA ROAD

City & State

City & State

5. FEI Number

59-3615004

Applied For

Not Applicable

Zip

Country

Zip

Country

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
PD	YOUNT, GARY D	18607 OAKWAY DRIVE	HUDSON FL 34687
DD	YOUNT, CATHERINE A	18607 OAKWAY DRIVE	HUDSON FL 34687

600008626846

10/28/02--01088--010 **150.00

Rob

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNT, GARY D
18607 OAKWAY DRIVE
HUDSON FL 34667

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/22/02

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

GARY D. YOUNT

10/22/02

(727)862-1850

Date

Daytime Phone #

CR2E040 (8/02)

FLORIDA MACHINERY ASSOCIATES, INC.

18800 SAKERA ROAD

HUDSON, FL 34667

(727) 862-1850

FAX: (727) 862-8612

October 23, 2002

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

RE: FEI # 59-3615004

To Whom It May Concern:

Enclosed is our application for reinstatement of our corporation. We would appreciate you waiving the reinstatement fee as we did not receive the two prior uniform business report notices. I am enclosing a check in the amount of \$150.00 for the fee as we are a for-profit corporation. I have made a correction on the spelling of the street name also.

If you should need any further information please feel free to contact me.

Sincerely,



Gary D. Yount