

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -9 AM 11:51

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000000394**

1. Corporation Name

FLORIDA MACHINERY ASSOCIATES, INC

W07 - 22082

2. Principal Office Address - No P.O. Box #
18931 TITUS ROAD

3. Mailing Office Address
18931 TITUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

Zip
34667

Country
USA

Zip
34667

Country
USA

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/2000

5. FEI Number

59-3615004

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
GARY YOUNT

Street Address (P.O. Box Number is Not Acceptable)
18607 OAK WAY DR

Suite, Apt. #, Etc.

City
HUDSON

State
FL

Zip Code
34667

☒ 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 **Catherine A. Yount**

Date **5-8-07**

REGISTERED AGENT MUST SIGN

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 | GARY YOUNT | 18607 OAK WAY DR | HUDSON, FL 34667 |
| S/T | CATHERINE YOUNT | 18607 OAK WAY DR | HUDSON, FL 34667 |
| | \$25/9 | | |
| | | | |
| | | | |
| | | | |

500103131585
05/24/07--01009--013 **750.00

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:

Catherine Yount

CATHERINE YOUNT

5/8/07

(727)862-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #