

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W08000017003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 PM 4:47

DOCUMENT # 800000079839

1. Corporation Name

RF MACHINE TECHNOLOGY INC

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

3151 SW 14th PLACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE 5

Suite, Apt. #, etc.

II

City & State

BOYNTON BEACH FL

City & State

II

Zip

33426

Country

USA

Zip

II

Country

II

4. Date Incorporated or Qualified
To Do Business in Florida

8-18-2000

5. FEI Number

65-1038670

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

JOSEPH OLMEDA

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

3151 SW 14th PL

Suite, Apt. #, Etc.

STE 4

City

BOYNTON BEACH

State

FL

Zip Code

33426

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	JOSEPH OLMEDA	3151 SW 14 th PL #4	BOYNTON BCH FL 33426
D	RUSS SEGER	3151 SW 14 th PL #4	BOYNTON BCH FL 33426

400121782044
04/07/08--01017--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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 26 08

Date

5613694606

Daytime Phone #