

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -7 PH 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000032946**

1. Corporation Name

Specialties Machining

REINSTATEMENT 03

2. Principal Office Address

1401 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pompano Bch. FL

City & State

Zip

33060

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 01'

5. FEI Number

65-109-0647

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

Tim Schoenheit

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

230 SE 10th ave

Suite, Apt. #, Etc.

City

Pompano Bch.

State
FL

Zip Code

33060

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-30-03**

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.	Tim Schoenheit	230 SE 10 th ave	Pompano Bch, FL 33060

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.

SIGNATURE:

[Signature] **Tim Schoenheit**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-03

Date

954-942-5202

Daytime Phone #

CR2E081 (10/02)

71 10/15

SPECIALTIES MACHINING INC.

October 1, 2003

To whom it may concern:

Per your office's instructions, we are writing this letter to inform you that our company did not receive the new UBR forms to re-instate this year. Therefore, we would like to re-instate at this time and would like the \$400 penalty fee waived. I thank you, in advance, for your help and can be reached at 954-942-5202 if you have any questions.

Sincerely,



Tim Schoenheit
President