

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P01000104524**

1. Corporation Name

**FLORIDA MACHINE TOOLS, INC.**

Principal Place of Business

**22119 US HWY 19 N  
CLEARWATER FL 33765**

Mailing Address

**22119 US HWY 19 N  
CLEARWATER FL 33765**

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

**10/29/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3752595**

Applied For

Not Applicable

City & State

City & State

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
D	COWLBECK, LEIGH F	1875 IRWIN STREET E	SAFETY HARBOR FL 34895
D	DE CAUSSIN, DANIEL	4021 ROMANY DRIVE	OXNARD CA 93035

*UBR 02*

*TS*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**COWLBECK, LEIGH F  
22119 US HWY 19 N  
CLEARWATER FL 33765**

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

**10-30-02**

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

Date

Daytime Phone #

**10/30/02**

CR2E040 (8/02)

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FMT

FLORIDA MACHINE TOOLS INC.  
22041 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33765  
(727) 726-8669  
FAX: (727) 791-7109

October 29, 2002

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

RE: Florida Machine Tools Inc  
Ref. # P01000104524

Dear Sir or Madam;

On April 30<sup>th</sup> 2002 we sent in our UBR form with a check for \$150.00. Now we receive a letter of dissolution or revocation. So I called the phone number 850-488-9000 to verify our filing. The person I talked to said you had sent us a letter dated 5/15/02 stating we needed to do something to the form we sent in and then send the form back in. I get all the mail here and I never got that letter. So I was told to call this number 850-245-6059. So I did. I was told to fill out the Application for Reinstatement and write this letter. I hope this meets all the necessary requirements.

With Best Regards,



Carol Calamon  
Bookkeeper