


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000017430**

1. Entity Name  
**BS MACHINE SHOP, INC.**



FILED  
04 DEC 29 AM 10: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>P O BOX 992 HOBE SOUND, FL 33475</b>	Mailing Address <b>P O BOX 992 HOBE SOUND, FL 33475</b>
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2. Principal Place of Business <b>14105 S.E. Kitchen Creek Rd</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12012004 REIN-P CR2E098 (6/04)

City & State <b>Hobe Sound FL</b>	City & State
Zip <b>33455</b>	Country <b>USA</b>

4. FEI Number <b>30-0060668</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CLARK, CHUCK 901 SW MARTIN DOWNS BLVD PALM CITY, FL 34990</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMASTER, BETTE 14105 S.E. KITCHEN CREEK ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMASTER, STAN 14105 S.E. KITCHEN CREEK ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**800043709898**  
**12/29/04--01058--003 \*\*150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bette Lemaster, Pres      12/24/04      772-546-1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #