

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2013-2014

DOCUMENT # P07000090596

1. Corporation Name

AA MACHINE NATIONAL, INC

W14-12163

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

1717 NE 32 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34470

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/2007

5. FET Number

26-0735644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

100257101521
02/24/14--01046--003 **750.00

7. Name and Address of Current Registered Agent

Name

ALLEN D VANDERGRIFT

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

1717 NE 32 AVENUE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

100257101521
05/07/14--01025--001 **150.00

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

Allen D Vandergrift

REGISTERED AGENT MUST SIGN

Date

2-21-14

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	ALLEN D VANDERGRIFT	1717 NE 32 AVENUE	OCALA, FL 34470
SEC	ALLEN D VANDERGRIFT	1717 NE 32 AVENUE	OCALA, FL 34470
TREAS	ALLEN D VANDERGRIFT	1717 NE 32 AVENUE	OCALA, FL 34470
DIRECTOR	ALLEN D VANDERGRIFT	1717 NE 32 AVENUE	OCALA, FL 34470

10. E-mail Address: JBRANNONCPA@EMBARQMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Allen D Vandergrift

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-19-14

352-624-9997

Daytime Phone #