

FILED

14 OCT - 1 AM 8:51

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12000072899

1. Corporation Name
MACHINE EXPORTERS INC.

2. Principal Office Address - No P.O. Box # 6515 Bayshore Blvd		3. Mailing Office Address 6515 Bayshore Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33611	Country US	Zip 33611	Country US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
08-24-2012

5. FEI Number 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

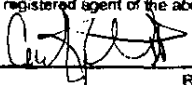
City
Tallahassee

State
FL

Zip Code
32301

800264933558

8. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **Courtney Williams**
Asst. Vice President

Date **10.01.2014**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

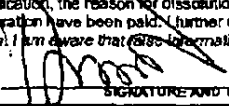
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Dominic Senti	6515 Bayshore Blvd	Tampa FL 33611

REINSTATEMENT **OCT 01 2014**

R. HUNT

10. E-mail Address: _____
(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 6.817.155, F.S.

SIGNATURE:  **R. HUNT**

Date **10/1/14** **8138506863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 321210 7821947

AUTHORIZATION :

Lyndee

COST LIMIT : \$ 900.00

ORDER DATE : October 1, 2014

ORDER TIME : 4:04 PM

ORDER NO. : 321210-010

CUSTOMER NO: 7821947

DOMESTIC FILINGS

NAME: MACHINE EXPORTERS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 .OCT 01 2014

EXAMINER'S INITIALS R. HUNT

TO AGENCY
SUFFICIENT OF FILING

2014 OCT - 1 AM 4:39

RECEIVED
CORPORATION SERVICE COMPANY