

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000069249

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** PLASTIC MACHINERY & TECHNOLOGY, INC.

**Current Principal Place of Business:**

940 ALI BABA AVE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

13245 NW 47TH AVE.  
OPA LOCKA, FL 33054

**Current Mailing Address:**

13245 NW 47TH AVE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 65-0478646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, STEVE  
333 SW 194TH AVE  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: STEVE WILLIAMS

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, STEVE  
Address: 940 ALI BABA AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: VP  
Name: WILLIAMS, BRIAN  
Address: 940 ALIBABA AVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: VP  
Name: WILLIAMS, DAVID  
Address: 940 ALIBABA AVE  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE WILLIAMS

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date