PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAY -1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000084824

1. Corporation Name
Woodworking Machinery, Inc

800005509308---4
-05/14/02--01053--011
****600.00 ****600.00

2. Principal Office Address	3. Mailing Office Address
30-5th Avenue	30-5th Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Vero Beach, Fl	City & State: Vero Beach, Fl
Zip: 32962 Country: USA	Zip: 32962 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12.6.93

5. FEI Number: 65-0462432 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Darryl Lind

Street Address (P.O. Box Number is Not Acceptable): 30-5th Ave

Suite, Apt. #, Etc.:

City: Vero Beach State: FL Zip Code: 32962

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: Darryl Lind
REGISTERED AGENT MUST SIGN

Date: 4-30-02

CR2E031 (6/01)

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
D	Darryl Lind	30-5th Ave	Vero Beach, Fl 32962
D	Mary Ann Lind	30-5th Ave	Vero Beach, Fl 32962

10. 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: Darryl Lind Darryl Lind 4-30-02 561 770-6001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/5/02

WOODWORKING MACHINERY
dba HIGH TECH INDUSTRIES
30 5TH AVE. VERO BEACH, FL 32962
PHONE 561-770-6001
FAX 561-770-5703

Facsimile transmittal

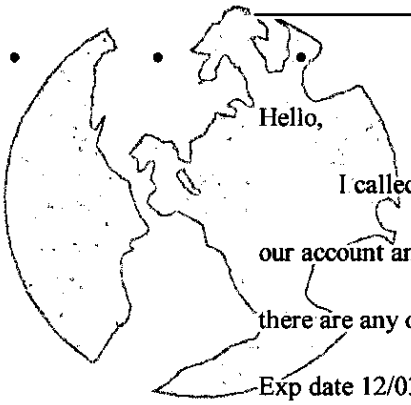
To: FLORIDA DEPT. OF STATE **Fax:**

From: MARY ANN & DARRYL LIND **Date:** 4-30-02

Re: RE-INSTATEMENT FEE'S **Pages:**

CC:

☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**



Hello,

I called the Corporation Office @850-245-6059, and spoke with Michelle, she looked up our account and it showed that our mail had been undeliverable, and for us to pay, $600.00. If there are any other charges please charge to our American Express account #3712-706848-22018 Exp date 12/03, Mary Ann Lind

30-5th Ave.

Vero Beach, Fl. 32962

Thanking you in advance,

Mary Ann Lind

CONFIDENTIAL