

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048914

1. Corporation Name

MOODY FABRICATION & MACHINE, INC.

2. Principal Office Address - No P.O. Box #  
4652 PHILIPS HWY.

3. Mailing Office Address  
4652 PHILIPS HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

Zip Country  
32207 US

Zip Country  
32207 US

4. Date Incorporated or Qualified  
To Do Business in Florida 06/30/1994

5. FEI Number  
593254900

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  
ALBERTINI, EMIL J

Street Address (P.O. Box Number is Not Acceptable)  
4652 PHILIPS HWY.

Suite, Apt. #, Etc.

City  
JACKSONVILLE

State Zip Code  
FL 32207

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 05/07/2009

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
CEO	MAXEY D. MOODY, III	4969 RIVER POINT RD.	JACKSONVILLE, FL 32207
PS	ELIZABETH A. MOODY	4652 PHILIPS HWY.	JACKSONVILLE, FL 32207
CFO	EMIL J. ALBERTINI	4652 PHILIPS HWY.	JACKSONVILLE, FL 32207
AS	STEPHEN MOODY	4652 PHILIPS HWY.	JACKSONVILLE, FL 32207
AS	JESSICA I. MOODY	4652 PHILIPS HWY.	JACKSONVILLE, FL 32207

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 contained in Chapter 118, 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: EMIL J ALBERTINI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/07/2009

Daytime Phone #

904-  
787-4400

FILED  
09 MAY 11 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400155773524  
05/11/09--01042--002 \*\*4050.00  
REINSTATEMENT 06-09