PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000009392

1. Corporation Name

MOLDS & MACHINERY INTERNATIONAL, INC.

96-03

100022619711
08/28/03--01004--002 **1800.00

2. Principal Office Address	3. Mailing Office Address
345 W. 75 PLACE	345 W. 75 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33014 Country: MIAMI-DADE	Zip: 33014 Country: MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 2/03/1995

5. FEI Number: 65-0688449 ☐ 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: MELVIN B. MILLER

Street Address (P.O. Box Number is Not Acceptable): 13180 N. BAYSHORE DRIVE

Suite, Apt. #, Etc.:

City: NORTH MIAMI State: FL Zip Code: 33181

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: M. Bruce Miller Date: Aug 22/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
DP	MELVIN B. MILLER	13180 N. BAYSHORE DRIVE	N. MIAMI, FLORIDA 33181
ST	MARIA C. MILLER	13180 N. BAYSHORE DRIVE	N. MIAMI, FLORIDA 33181

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: M. Bruce Miller Aug 22/03 305-828-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #