

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000040719</u>			
1. Corporation Name <u>S.T. MACHINE, INC.</u>			
2. Principal Office Address <u>1964 W. 9th St. #3</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1964 W. 9th St #3</u> Suite, Apt. #, etc.	
City & State <u>Riviera Beach FL</u> Zip Country <u>33404 USA</u>		City & State <u>Riviera Beach FL</u> Zip Country <u>33404 USA</u>	

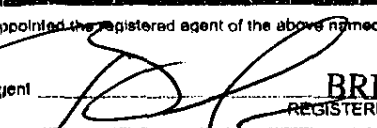
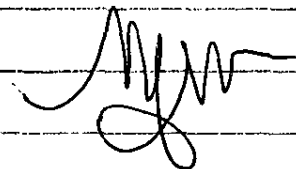
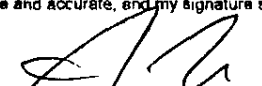
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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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4. Date Incorporated or Qualified To Do Business in Florida <u>MAY 24, 1995</u>	Applied For ☐ Not Applicable ☐
5. FEI Number <u>650582733</u>	6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <u>Corporation Service Company</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u>	
Suite, Apt. #, Etc.	
City <u>Tallahassee</u>	State Zip Code <u>FL 32301</u>

REINSTATEMENT 2000-01

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 		BRIAN COURTNEY, ASST. V.P. REGISTERED AGENT MUST SIGN	
Date <u>4-27-01</u>			
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
<u>President</u>	<u>Steven F. Teklinski</u>	<u>11339 164 COURT RD.</u>	<u>Jupiter FL 33478</u>
			
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: 		Date <u>4/25/01</u>	Daytime Phone # <u>(561) 863-7600</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/00)