· · 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000040719 FILED 1. Entity Name S.T. MACHINE, INC. 05 MAR -1 PM 3: 14 Principal Place of Business Mailing Address 1964 W. 9TH ST., #3 1964 W. 9TH ST., #3 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252005 REIN-P CR2E098 (6/04) City & State City & State 4. FEI Number Applied For 65-0582733 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept **Brian Courtney** 8. The above named entity submits this statement the obligations of registered? Asst. V. Pres. SIGNATURE. DATE / In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TEKLINSKI, STEVEN F MALE MAAF 300047929303 STREET ADDRESS 11339 164 COURT NO. STREET ADDRESS 03/08/05--01018--025 **300.00 CITY-ST-ZIP JUPITER, FL 33478 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition IIILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CTIY-ST-ZP CITY-ST-ZIP ☐ Change TELLE Delete -TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE IIILE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, withful other like empowered. SIGNATURE: