Dec 1Dec. 18. 2008 10:50AM S T Machine 561 844-0288 No. 0279 P. 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 22 AM 8:19

DOCUMENT # P95000040719

1. Entity Name
S.T. MACHINE, INC.

Principal Place of Business	Mailing Address
1964 W. 9TH ST., #3 RIVIERA BEACH, FL 33404 US	1964 W. 9TH ST., #3 RIVIERA BEACH, FL 33404 US

12162008 REIN-P CR2E096 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15855 Assembly Loop	15855 Assembly Loop
Suite, Apt. #, etc: #205	Suite, Apt. #, etc.: #200
City & State: Jupiter, Fl	City & State: Jupiter Fl
Zip: 33478 Country: USA	Zip: 33478 Country: USA

4. FEI Number: 65-0582733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE By: [signature] Vera Norris, Authorized Representative December 18, 2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TEKLINSKI, STEVEN F 11339 164 COURT NO. JUPITER, FL 33478 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600139211136 12/22/08--01065--008 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 oath; 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, with all other like empowered.

SIGNATURE: [signature] 12-19-08

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

12/23