
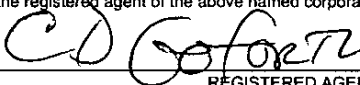
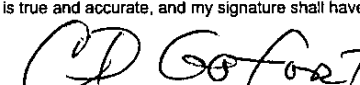


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  05 JUN 16 AM 10:47  SECRET FALL 2005	
<b>DOCUMENT #</b> 1. Corporation Name P96000034910 RELIABLE TOOL & MACHINE, INC. 328 WEST 11TH STREET RIVIERA BEACH, FL 33404				
2. Principal Office Address 328 WEST 11TH STREET  Suite, Apt. #, etc.		3. Mailing Office Address **SAME**  Suite, Apt. #, etc.		
City & State <b>RIVIERA BEACH</b> RIVIER BEACH		City & State		
Zip FL	Country 33404	Zip	Country	
		4. Date Incorporated or Qualified To Do Business in Florida 04/18/1996		
		5. FEI Number 65-0665805	Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
<b>7. Name and Address of Current Registered Agent</b>				
Name CHARLES D. GOFORTH				
Street Address (P.O. Box Number is Not Acceptable) 12 VIA SORRENTO				
Suite, Apt. #, Etc.				
City PALM BEACH GARDENS		State FL	Zip Code 33418	
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 		Date 06/13/2005		
REGISTERED AGENT MUST SIGN				
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	
P	CHARLES D GOFORTH	12 VIA SORRENTO	PALM BEACH GARDENS, FL 33418	
VP	SANDRA M GOFORTH	12 VIA SORRENTO	PALM BEACH GARDENS, FL 33418	
VP	CHAD G GOFORTH	3035 CASA RIO	PALM BEACH GARDENS, FL 33410	
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: 		06/13/2005 (561) 252-0039		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

CR2E081 (01/05)