

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000081296

1. Corporation Name

Custom Machine Shop, Inc.

WOL-19552

2. Principal Office Address

436 S. Krome Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL 33030

City & State

Homestead, FL 33030

Zip

Country

Zip

Country

33031 USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 8, 1997

5. FEI Number

650738679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-DI

7. Name and Address of Current Registered Agent

Name

Jim Lawrence

300004575713-2

-09/07/01--01099--080

Street Address (P.O. Box Number is Not Acceptable)

436 S. Krome Ave

***1208.75 ***1208.75

Suite, Apt. #, Etc.

LS

City

Homestead

State

FL

Zip Code

33030

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/16/01

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	Jim Lawrence	436 S. Krome Ave	Homestead, FL 33030
V-P	Valerie Lawrence	436 S. Krome Ave	Homestead, FL 33030

REINSTATEMENT

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:

[Signature]

7-26-01

Date

305-242-5077

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR