

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000065633

1. Corporation Name

THE MACHINERY CENTER, INC.

Principal Place of Business

Mailing Address

10100 W SAMPLE RD. STE 201
CORAL SPRINGS FL 33065

10100 W SAMPLE RD. STE 201
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0774116

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SOHN, RICHARD	10100 W SAMPLE RD, STE 201	CORAL SPRINGS FL 33065
V	TODD, RICHARD	10100 W SAMPLE RD, STE 201	CORAL SPRINGS FL 33065

600024167296
10/27/03--01062--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOHN, RICHARD
10100 W SAMPLE RD, STE 201
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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.

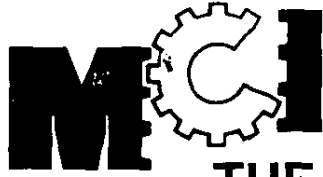
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



THE MACHINERY CENTER

10100 W. SAMPLE ROAD, SUITE 201 • CORAL SPRINGS, FLORIDA 33065
(954) 255-6900 • FAX (954) 255-5611

October 20, 2003

Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

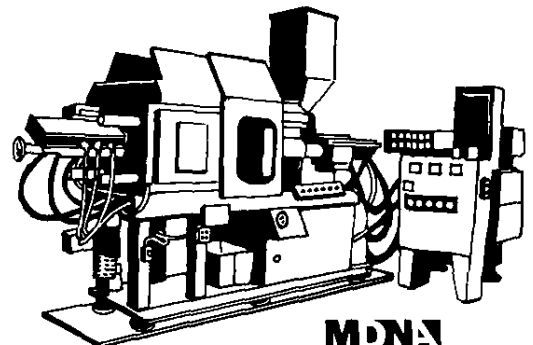
To Whom It May Concern,

Please accept this check in the amount of \$150.00 for Uniform Taxes for the 2003 tax year. We ask that you waive the penalty fee for we have not been late in the past. We must have misplaced the form.

Sincerley,

Richard Sohn
The Machinery Center

USED MACHINERY BOUGHT AND SOLD • CNC • CONVENTIONAL • PLASTICS



MDNA
MACHINERY DEALERS