

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P97000106327

1. Corporation Name

RMC INDUSTRIAL MACHINING, INC.

Principal Place of Business

Mailing Address

4108 N ORANGE BLOSSOM TR  
ORLANDO FL 32804

4108 N ORANGE BLOSSOM TR  
ORLANDO FL 32804

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1997

5. FEI Number

59-3488620

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SNOWDEN, JAMES C JR.	4108 N ORANGE BLOSSOM TR	ORLANDO FL 32804
VD	ESPINOLA, JOSE G	4108 N ORANGE BLOSSOM TR	ORLANDO FL 32804
TD	GOMEZ, HECTOR A	4108 N ORANGE BLOSSOM TR	ORLANDO FL 32804

000031700730  
04/02/04--01002--015 \*\*750.00  
000031700730  
05/06/04--01072--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
ORLANDO FL 32803

Name

James C Snowden Jr.

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

4108 N. Orange Blossom Tr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Ivan M. Lefkowitz REGISTERED AGENT MUST SIGN

Date 10/8/03

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 REQUIRED  
James C. Snowden, Jr.

10/8/03

Date

Daytime Phone #