PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JUN -4 AM 9:31
DOCUMENT # P970001	06327	AN OF STATE
1. Corporation Name RMC Industrial Machining, INC.		TALLAHÁSSFÉ, FLORIDA
,,,, = =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	REINSTATEMENT 05-07
1721 Benbow Court	1721 Benbow Court	CR2E081 (1/07)
11 ' L	Unit C	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 12/16/1997
Apopha 71	Apopha 71.	5. FEI Number Applied For Not Applied be Not Applied For
2ip Country 32703 USA	32703 Country USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
James C Snowden Jr.		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
1721 Benbow Court Suite, Apt. #. Etc.		are certifying the prior notices were not
Unit C		received and requesting the reinstatement fee be waived.
Apopka	State Zip Code FL 32703	
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 Agent Signature 1. Date 5/30/07 REGISTERED AGENTATUST 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 Eacl	h Chi/State/7in
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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 filling 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 contained in Chapter 119, 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.		
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SIGNATURE: SIGNATURE AND TYPED ON PR	SNOWM INTED NAME OF SIGNING OFFICER OR DIRECTOR	5/30/07 407/880-4106 Date Daytime Phone #