

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001
APPLICATION
FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000023017

1. Corporation Name

E.P. MACHINE WORK, INC.

Principal Place of Business

5372 W 10 LANE
HIALEAH FL 33012

Mailing Address

5372 W 10 LANE
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1998

5. FEI Number

65-0708687

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	PEDRE, RAMON E	5372 W 10 LANE	HIALEAH FL 33012

8. Name and Address of Current Registered Agent

PEDRE, RAMON E
5372 W 10 LANE
HIALEAH FL 33012

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-06-01

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 #

11-06-01

November 7, 2001

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

Re: Document # P98000023017

To whom it may concern,

I, Ramon E Pedre President of E.P. MACHINE WORK INC. located at
5372 W 10 Ln., Hialeah, FL 33012 am writing this letter as instructed
by you to explain that I never received a rejection letter from you
requesting additional information (signature was missing) to finish
the process of filing my 2001 Annual Report for the above mentioned
Corporation, although the check for \$150.00 was cashed by you.
Hoping this will solve this problem and you will reinstate the
Corporation. I am sending copy of the check and the reinstatement
form.

Sincerely,



RAMON E. PEDRE