P00000045506 3 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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DIVISION OF CORPORATIONS
00 AUG 30 AM 6:26

DOCUMENT # P98000093409

REINSTATEMENT 99-00

1. Corporation Name

Meridian Machinery, Inc.

2. Principal Office Address	3. Mailing Office Address
6555 NW 36 St.	6555 N.W. 36 St
Suite, Apt. #, etc. 312	Suite, Apt. #, etc. 312
City & State Virgin Gdns, FL	City & State Virginia Gdns FL
Zip 33166 Country	Zip 33166 Country

4. Date Incorporated or Qualified To Do Business In Florida 11/4/98

5. FEI Number 65-0873665 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Arturo Alvares

Street Address (P.O. Box Number is Not Acceptable): 6555 N.W. 36 St.

Suite, Apt. #, Etc.: 312

City: Virginia Gardens State: FL Zip Code: 33166

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: Arturo Alvarez Date: 8/28/00
REGISTERED AGENT MUST 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 Each Officer and/or Director	City / State / Zip
P	Arturo Alvarez	6555 N.W. 36 St #312	Virginia Gdns, FL 33166
			8/28/00

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: Arturo Alvarez 8/28/00 786-265-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.,
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

MERIDIAN MACHINERY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75

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