

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 2:29

DOCUMENT #

P98000106977

1. Corporation Name

C & B GRINDING, INC.

2. Principal Office Address

3900 E. Hwy 44

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32721

Country

3. Mailing Office Address

PO Box 1510

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32721

Country

REINSTATEMENT

99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/23/98

5. FEI Number

59-3548581

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

WILLIAM A GOGEL

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

3900 E. HWY 44

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32721

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**

William A Gogel

REGISTERED AGENT MUST SIGN

Date

4/27/00

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
DPST	WILLIAM A GOGEL	6080 GREENLAND RD	JACKSONVILLE, FL 32258
VT	DONNA J POLING	3030 JUNIPER DR	EDGEWATER, FL 3241
V.P.	Stacy G. Murray	371 CARPENTER AVE	Osteen, FL 32764
			6000003312816-0
			-07/05/00--01058--006
			*****900.00 *****900.00
			<i>JB 6/7</i>

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.

Donna J Poling, Vice Pres

SIGNATURE:

Donna J Poling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #