

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000106977

1. Corporation Name

S & B MACHINE, INC.

FILED

02 FEB 14 PM 2:06

Principal Place of Business

3900 E. HWY 44  
DELAND FL 32721

Mailing Address

P.O. BOX 1510  
DELAND FL 32721

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



2001-2002 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/1998

5. FEI Number

59-3548581

Applied For

Not Applicable

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
DPST	GOGEL, WILLIAM A	6080 GREENLAND ROAD	JACKSONVILLE FL 32258
VT	POLING, DONNA J	3030 JUNIPER DR	EDGEWATER FL 32141
V	MURRAY, STACY G	371 CARPENTER AVE	OSTEEN FL 32764
			300005065183--2 -03/07/02--01073--022 ****150.00 ****150.00
			300005065183--2 -03/07/02--01073--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GOGEL, WILLIAM A  
3900 E. HWY 44  
DELAND FL 32721

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

William A. Gogel  
REGISTERED AGENT MUST SIGN

Date

1/9/2001

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:

William A. Gogel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

**S & B MACHINE, INC.**

P O BOX 1510  
3900 EAST NEW YORK AVE.  
DELAND FL.

Phone 386-734-0424  
Fax 386-943-9643

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

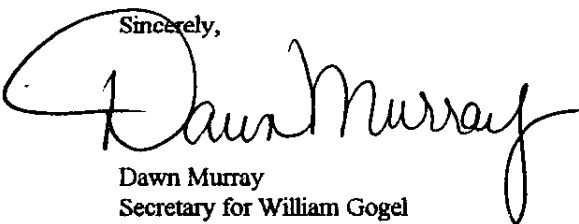
January 23, 2002

To Whom it May Concern:

I am writing a letter to request a waiver of the \$600.00 reinstatement fee. I previously mailed a letter to this division requesting that the fee be waived because S & B Machine did not receive the Application for Corporation.

One time the letter and form was sent back with a letter attached to it saying they were sending it back because I still needed to send in \$750.00. So I sent \$750.00 dollars back with the letter. It was sent back yet again with a letter stating you were waiving the \$600.00 fee. Therefore, I sent back a check for \$150.00 incidentally without the letter. Once again it was sent back to me, with a statement for the letter and \$300.00 to cover this years Corporation Fee. The letter has been misplaced therefore, I have written this one in hope to resolve this matter. I will be attaching another check for \$150.00 to this letter to complete your requests.

Sincerely,



Dawn Murray  
Secretary for William Gogel