


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AM 10:18

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000004035**

1. Corporation Name

**MACHADO & SONS CORP.**

FILED  
04 FEB 16 AM 10:18  
TALLAHASSEE, FLORIDA  
12/12/03 0104A 008 158.75

2. Principal Office Address  
**16280 SW 286 STREET**  
Suite, Apt. #, etc.  
City & State  
**HOMESTEAD, FL**  
Zip Country  
**33030 USA**

3. Mailing Office Address  
**16280 SW 286 STREET**  
Suite, Apt. #, etc.  
City & State  
**HOMESTEAD, FL**  
Zip Country  
**33030 USA**

4. Date Incorporated or Qualified To Do Business in Florida **01/13/99**

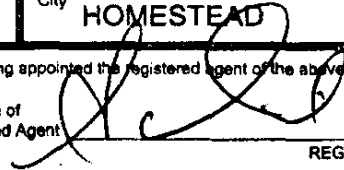
5. FEI Number **65-0891464** Applied For ☐ Not Applicable ☒

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

7. Name and Address of Current Registered Agent

Name **MACHADO, SALVADOR** **000029295860**  
Street Address (P.O. Box Number is Not Acceptable) **16280 SW 286 STREET**  
Suite, Apt. #, Etc.  
City **HOMESTEAD** State **FL** Zip Code **33030**

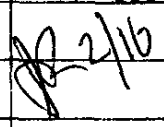
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **01/26/2004**

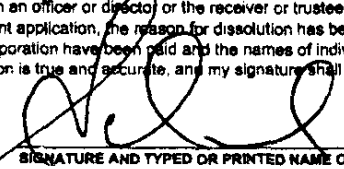
REGISTERED AGENT MUST SIGN

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
PSD	MACHADO, SALVADOR	16280 SW 286 STREET	HOMESTEAD, FL 33030

**400028052794**  
**02/02/04--01072--008 \*\*150.00**  


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:  Date **01/26/2004** 305-248-8809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2601 (10/02)

Miami, Florida  
January 26, 2004

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: P99000004035  
MACHADO & SONS CORP.  
16280 SW 286 STREET  
HOMESTEAD, FL 33030

To Whom It May Concern:

Upon our conversation I am enclosing the Corporation Reinstatement Form due to the fact that I never received the 1<sup>st</sup> notice of the UBR.

Please be so kind to waive any late fees that I might have and to put this corporation in its current status. Enclose there is a check for \$150.00 dollars that you requested.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



Salvador Machado  
PRESIDENT