

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 MAR 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# P99000057677

1. Corporation Name

America Screw Machine, Inc.

2. Principal Office Address

6305 Gage Place

Suite, Apt., etc.

Suite 204 A

City & State

MIAMI LAKES

Zip

33014

Country

MIAMI-
DADE

3. Mailing Office Address

SAME AS Principal

Suite, Apt., etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

6-25-99

5. FEIN Number

65-0931352

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

Alfredo Pascual

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

6305 Gage Place

Suite, Apt., etc.

Suite 204 A

City

Miami Lakes

100014372831

03/19/03--01043--012 ***600.00

State

FL

Zip Code

33014

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 0.0505 or 1.050, F.S.

Signature of

Registered Agent

X

Alfredo Pascual

Date

3-10-03

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	Alfredo Pascual	6305 Gage Place Suite 204 A	Miami Lakes, FL 33014

10. I certify that I am an officer or director or trustee empowered to execute this application as provided for in chapter 001, F.S. If further certification is required for reinstatement application, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 0.001 or 1.001, 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 119.00(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

(305) 823-8254

Daytime Phone #

CR2E081(9/01)

2/3/20

ISAAC A. VELAZQUEZ & ASSOCIATES, P.A.

2100 Ponce De Leon Boulevard, Suite 1170
Coral Gables, Florida 33134

Telephone: (305) 446-3499

Telécopier: (305) 443-0903

March 17, 2003

Florida Department of State
Division of Corporation Reinstatments
P.O. Box 6327
Tallahassee, Florida 32314

Our Client : AMERICA SCREW MACHINE, INC.
Document # : P99000057677

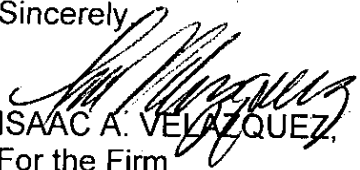
Dear Gentlemen:

Please be advised that this firm represents America Screw Machine, Inc. Our client did not receive the year 2000 Notice/Uniform Business Report and was administratively dissolved on September 22, 2000.

Enclosed please find a completed Corporation Reinstatement form together with the applicable \$600.00 reinstatement fee. Kindly reinstate the above corporation at your earliest opportunity.

Thank you for your assistance in this matter.

Sincerely


ISAAC A. VELAZQUEZ,
For the Firm

IAV/me