

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 10 PM 12:51

DOCUMENT # S29383

1. Corporation Name

D & J GRINDING AND MACHINE, INC

2. Principal Office Address - No P.O. Box #

5107 GEORGIA AVE.

3. Mailing Office Address

214 PRESERVE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

ROYAL PALM BEACH FL

Zip

33405

Country

US

Zip

33411

Country

US

700184210927
08/10/10--01017--022 **1050.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1991

5. FEI Number

650243816

☐ 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

JOANNE VECLATCH

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

214 PRESERVE CT

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

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

Joanne Vecloatch
REGISTERED AGENT MUST SIGN

Date **8-4-10**

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	DENNI VECLATCH	214 PRESERVE CT	ROYAL PALM BEACH FL 33411
S	JOANNE VECLATCH	214 PRESERVE CT	ROYAL PALM BEACH FL 33411

10. E-mail Address: **SOVERAL30@BELLSOUTH.NET**

(To be used for future annual report notification)

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. I further certify, 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:

Joanne Vecloatch *Joanne Vecloatch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-4-10

Daytime Phone #

561-635-1360