

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
Oct 24, 2000 8:00 A.M.
Secretary of State

DOCUMENT # **S86215**

1. Corporation Name

U.S. MACHINERY, INCORPORATED

Principal Place of Business

Mailing Address

1635 7TH SW
WINTER HAVEN FL 33880
US

1635 SW 7TH ST
WINTER HAVEN FL 33880
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3095033

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
1	B	TACKETT, EVERETT E	119 VAN FLEET CRT	AUBURNDALE FL		
	D	Tackett, Everett E.	P O Box 879	Winter Haven, Fl 33882		

000003448180--4
-11/02/00--01013--002
****750.00 ****750.00

REINSTATEMENT

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TACKETT, EVERETT E

119 VAN FLEET CRT

AUBURNDALE FL 33823

Name

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

1635 7th Street, SW

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

Emmett E. Tackett

Date 10/12/00

REGISTERED AGENT MUST SIGN

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:

Emmett E. Tackett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-
10/12/00 299-5196