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| REINSTATEMENT DOCUMENT # V 6/902 1. Coopside Name By K | AP | PLICATION OF THE | FLORIDA | DEPARTMENT OF STATE | E | AND | • |
| DOCUMENT # \$ \(\) \(\) \(\) \(\) \(\) Option in Name \(\) BY A LANTON MACHINE T.M.C., \(\) TALLAHASSEE. FLORIDA SECRETARY OF STATE TALLAHASSEE. FLORIDA Walting Address. Walting Add | REINSTATEMENT Secretary of State | | | | 1000 FFG # DM 12: 05 | | |
| 1. Cooperation Name Big Ki Autor Machine, Thic, Brindpa Pints of Business 481 Ryan Avenue Jacksonville Florida 325 \$ If those softreases an incorrect is my my, line historigh incorrect information and error correction below. 2. New Principal Ditice Address, if Applicable 5. New Malling Office Address, if Applicable 6. New Pints of Business 6. FEI Humber 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded in Proceedings) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded in Proceedings) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporate Corporations must have a feeded directors) 7. Names and Savest Address of Each Officer andrer Director (Florida Incorporations and Legislations) 7. Names and Address of Current Registered Agont 8. Name and Address of Current Registered Agont 8. Name and Address of Current Registered Agont 8. Name and Address of Name Registered Agont 9. Name and Address of Name Registered Agont 1. Debt Incorporation | | | | | | | |
| Principal Paice of Business ### Ryan Avenue Jackson ville Florida 325 \$ # ### Boove addresses are necreated in any very line through incorrect information and ener correction below. ### Boove addresses are necreated in any very line through incorrect information and ener correction below. ### Boove addresses are necreated in any very line through incorrect information and ener correction below. ### Boove addresses are necreated in any very line through incorrect information and ener correction below. ### Boove addresses are necreated in any very line through incorrect information and energy and the principal and of the Bookeas of Formation and Street Addresses of the Bookeas of Formation and Street Addresses of Each Officer and/or Director (Florida Inapporti corporations must lial at least 3 directors) ### Page of Country ### P | 1. Corpor | ation Name | an a ction | | TA | SECRETARY OF SI LLAHASSEE, FLO | ATE RIDA |
| # acksonville Florida 325 \$ ## above addresses are incorrect in any way, tine through incorrect information and enser correction below. ## New Principal Office Assess, if Applicable 3. New Mailing Office Address, if Applicable 4. Dela Incorporated or Quatified 4. To be Business in Fonds 4///9.2 ### To be Business in Fonds 4///9.2 ### Applicable 5. New Mailing Office Address, if Applicable 5. Ret Number 59.3/2.29974 Applied for States 59.3/2.29974 Applied for Applied for States 59.3/2.29974 Applied for | " | sig Ki achulotti | M IND TO 18 | e, the, | | | |
| # acksonville Florida 325 \$ ## above addresses are incorrect in any way, tine through incorrect information and enser correction below. ## New Principal Office Assess, if Applicable 3. New Mailing Office Address, if Applicable 4. Dela Incorporated or Quatified 4. To be Business in Fonds 4///9.2 ### To be Business in Fonds 4///9.2 ### Applicable 5. New Mailing Office Address, if Applicable 5. Ret Number 59.3/2.29974 Applied for States 59.3/2.29974 Applied for Applied for States 59.3/2.29974 Applied for | Principal F | lace of Business | Mailing Address | se se | _ | | |
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| South, A. R. Bould, A. State City & State | | | | | 4. Data Incorporated or Qualified To Do Business in Florida | | |
| Title Country To Country C | Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. FEI Number Applied For | | |
| 7. Names and Street Addressee of Each Officer and/or Directors 7. Names and Street Addressee of Each Officer and/or Directors 7. Names and Street Addressee of Each Officer and/or Directors 7. Names and Street Addressee of Each Officer and/or Directors 7. Names and Street Addressee of Each Officer and/or Directors 7. Names and Addressee of Each Officer and/or Directors 7. Names and Address of Name | | | | | | | |
| Title(e) 2 and/or Directors 3 (Do NOT Use Post Office and/or Directors) 4 City / State / Zip Pres LR Sm / M Number Plummer Rd 32219 1/40 Plummer Rd JAX R 32219 1/40 Plum | Zip | Country | Zip | Country | | | .75 Additional Fre requi for a Certificale of Statu: |
| Title(a) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 Chy/State / Zip The State / Zip The Information indicated in the copporation have been ped gand the names of Individuals listed on this form do not qualify for an exemption under section 119 (7(3)(6), F.S. The Information on this application is true and accusted. The Zip The State / Zip Th | 7. Names | | or Director (Florid | | | | |
| Note Plummer Rd 3219 NW Plummer Rd 3219 NW Plummer Rd Jax R 3219 Note Plummer Rd 3219 NW Plummer Rd Jax R 3219 Note Plummer Rd Jax R 3225 REINSTATEMENT Note Registered Agent Note Plummer Rd Jax R 3225 REINSTATEMENT Note Registered Agent Note Plummer Rd Jax R 3225 Note Plummer Rd Jax R 3225 REINSTATEMENT Note Plummer Rd Jax R 3225 REINSTATEMENT Note Plummer Rd Jax R 3225 REINSTATEMENT Note Plummer Rd Jax R 3225 Reinstate Rd Jax R 3225 Note Plummer Rd Jax R 3225 Reinstate Rd Jax R 3225 Note Plummer Rd Jax R 3225 | _1 | and/or Directors | | Officer and/or Direct | tor | City / S | tate / Żip |
| REINSTATEMENT Sec Terry Smith 10552 Reliefly Residence of New Registered Agent 10552 Residence of New Regi | fres | 1 | 322/9 | DIGA Plumma | o Rel | JAV F. | 32219 |
| REINSTATEMENT Secondary Smith Steel Address of Current Registered Agent Shelled by Mark Size Address of New Registered Agent | Vice | Kevin Smith | 02217 | | | - C | |
| REINSTATEMENT REINST | ALLS | 1467 Plummer Rd | 3>19 | 1667 Plummer | Rd | Jaxh | 3219 |
| REINSTATEMENT REPART RE | | Terry Smith | | 10552 Bellevilu | ANNA | Jax R | 32225 |
| Sireet Address of New Registered Agent Street Address of New Registered Agent | | | | | <u> </u> | | |
| Sireet Address of New Registered Agent Street Address of New Registered Agent | · | | | | | | 95,40 |
| Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. D2710/38 = 01087-013 ****1230, [if] City Suite, Apt. #, Etc. D2710/38 = 01087-013 ****1230, [if] City REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 peig 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: | · | | 4 | | REINS | TATEMEN | 2/4/20 |
| Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. D2710/38 = 01087-013 ****1230, [if] City Suite, Apt. #, Etc. D2710/38 = 01087-013 ****1230, [if] City REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) 12. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 peig 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: | | in the second se | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 10552 Bequery Now & Suite, Apt. #, Etc02/10/38-01087-013 Suite, Apt. #, Etc02/10/38-01087-013 ***1230.00 | | 8. Name and Address of Current | Registered Agen | | 9. Name and | Address of New Registered | Agent |
| 20. 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 REGISTERED AGENT MUST SIGN Date 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information on intangible tax.) 12. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been peig 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: | To | cu L. Smith | | | (D.O. 5-1) | | |
| 20. 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 REGISTERED AGENT MUST SIGN Date 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information on intangible tax.) 12. I certify that I am an officer or director or the receiver of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been peig 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: | Street Address (P | | | | | 00002427 | 1236 |
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| SIGNATURE: SIGNATURE AND TYPED US PRINTED NAME OF SIGNING OFFICEN OR DIMECTOR Date Date Daylime Phone # | this rein: owed by | statement application, the reason for disso the co rporation have been paid and the r | lution has been el ames of individua | iminated, the corporate name satisfier is listed on this form do not qualify for | s the requirements r an exemption und | of section 607,0401 or 617.0a | IO1 ES that all fees |
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