

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 312890

1. Corporation Name

TOOL ENGINEERING CORP.

Principal Place of Business

Mailing Address

C/O HOWARD GOLDMAN
1938 GOLD AVENUE
SARASOTA FL 34235

C/O HOWARD GOLDMAN
1938 GOLD AVENUE
SARASOTA FL 34235

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/17/1967	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1189552	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	GOLDMAN, HOWARD	1938 GOLD AVENUE	SARASOTA FL
STD	GOLDMAN, JONATHAN	1938 GOLD AVE.	SARASOTA FL
D	GOLDMAN, HELEN	2059 6TH ST.	SARASOTA FL
			600002046406--5
			-01/06/97--01017--020
			****375.00 ****375.00
REINSTATEMENT 1996			
G. Goldman			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDMAN, HOWARD
1938 GOLD AVE
SARASOTA FL 34235

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

Howard Goldman
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/96

Date

Daytime Phone #

941 953-2585

CR22040 (7/96)