

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 000000001276**

1. Corporation Name

**EVERLAST SAW +
CARBIDE Tools Inc.**

200163589782
12/14/09--01061--025 **1350.00

REINSTATEMENT 01-09

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

1478 RAIL HEAD BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

Zip

Country

34110 U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

11-1725804

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

Josephine FARENGO

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

1478 RAIL HEAD BLVD.

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/9/09**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Pres.	Vincent FARENGO	1478 RAIL HEAD BLVD	NAPLES, FL 34110
Sec.	Josephine FARENGO	1478 RAIL HEAD BLVD	NAPLES, FL 34110

10. E-mail Address: **JMFARENGO@EMBARCMAIL.COM**

(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:

[Signature] **Josephine FARENGO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/09-239506-3333

Daytime Phone #

12/15/09